Case 19-13685 Doc 1 Filed 03/20/19 Page 1 of 60 3 (8 5 ion to identify your case:

uptcy Court for the:

District of MARYLAND

Fill in this information to identify your	rcase:	genas a ser en
United States Bankruptcy Court for the:		The same was to
Case number (If known):	of MARYLAND Chapter you are filing under: Chapter 7	2019 MAR 20 AM 10: 56
	☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13	U.S. BANKRUPTCY COURT DISTRICT OF MARYLAND GREENBELT Check if this is a
		amended filing

Official Form 101 ROCA 7 01 0798

\$ 0.00

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		,
	Write the name that is on your	Linda	
	government-issued picture identification (for example, your driver's license or	First name	First name
		D	i iist name
passport).	Middle name	Middle name	
	Bring your picture	Hart	
	identification to your meeting with the trustee.	Last name	Last name
	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)	
	the first section of the contract of the experience of the experie	til og skrivet store til ett store for ett skrivet for at ett med partierter ett makke skrivet skrivet for at e	ti sekana tika dan termundutah merupagai perdaman menduksuruk da maganderi bikan sebinap terdupaka bikana batan
	All other names you	Linda	
	have used in the last 8	First name	First name
	years	D	
	Include your married or	Middle name	Middle name
	maiden names.	Woodard	
		Last name	Last name
		Linda	
		First name	First name
		Middle name	Middle name
		Hart	
		Last name	Last name
مد ا بود	ermetter, vin flere fan fan er tak dyndas bekeninge e jûn, jû jû.	er i kristinės tratitoristos, ei kiela taginė aksentatiai apajo kai lai lai aj prajakais kai ja	in the control of the
	Only the last 4 digits of	VVV VV 252A	The second secon
	your Social Security	xxx - xx - <u>2520</u>	
	number or federal	OR	OR
1	Individual Taxpayer Identification number (ITIN)	9 xx - xx	9 xx - xx

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Debtor 1	Linda D	Hart		Case number (if known)	
	First Name Middle	Name Last Name		Code Harriber (I NIONII)	
that we will be a second or the second of	t de santant al como como en esta con consequence en esta en e	en en elemente de la companya de la	entrale au determinant eta esta esta esta escola esta esta esta esta esta esta esta est	and the second of the control of the second and the	
		About Debtor 1:		About Debtor 2 (Spouse Only	in a Joint Case):
and Er Identif	usiness names mployer ication Numbers rou have used in	☑ I have not used any bus	iness names or EINs.	☐ I have not used any busines	
the las	it 8 years	Business name		D	
Include	trade names and			Business name	
doing b	usiness as names	Business name		Business name	
		_			
		EIN		EIN	
		EIN			
0.5.1 kg 182 av an 1 1 10				EIN — — — —	
5. Where	you live	anger a periodogo po para processo anterior periodo a como periodo periodo de como periodo de como periodo de	rental - Rental Later Propins (Later South South Later South South South South South South South South South S	If Debtor 2 lives at a different a	ddress:
		2000 D			
		3228 Burton Ct Number Street		Number Street	
				Number Street	
		Temple Hills	MD 20746		
		City	State ZIP Code	City	State ZIP Code
		Prince George County			
		County		County	
		If your mailing address is d above, fill it in here. Note th any notices to you at this mai	at the court will send	If Debtor 2's mailing address is yours, fill it in here. Note that the any notices to this mailing addres	court will send
		Number Street		Number Street	
		P.O. Box		P.O. Box	
		City	State ZIP Code	City	State ZIP Code
Why you	are choosing	Check one:	erentet i terre i i i kan per terri kerenta i i garang gala	The second second second is the second electric second second second second second second second second second	te eta turku eta arra eta erra atamaga arra eta ger
this dist	rict to file for	Over the last 180 days bef I have lived in this district I other district.	ore filing this petition, onger than in any	Check one: Over the last 180 days before f I have lived in this district longe other district.	iling this petition, r than in any
		I have another reason. Exp (See 28 U.S.C. § 1408.)	olain.	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	

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	e Name	Last Name			Case number (if known)		
Down 2 - Tall the Court of								
Part 2: Tell the Court Al	bout Your	Bankrup	tcy Case					
7. The chapter of the Bankruptcy Code you	Check for Bar	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
are choosing to file under	☑ Chapter 7							
	☐ Ch	☐ Chapter 11						
	☐ Ch	☐ Chapter 12						
	☐ Ch	apter 13						
8. How you will pay the fee	loc you sub with I ne App I re By less pay	price to pay of the court in th	may pay with cash, cour payment on your binted address. The fee in installment or Individuals to Pay 7 It my fee be waived (ge may, but is not req % of the official povel	ents. If you may uired to, rty line to, rty line to, rty line to, rty line to,	may pay. Typica check, or mone; our attorney may ou choose this on a Fee in Installm. It is operated the control of the contro	heck with the clerk's office in your ally, if you are paying the fee y order. If your attorney is y pay with a credit card or check option, sign and attach the ents (Official Form 103A). In only if you are filing for Chapter 7 and may do so only if your income is ur family size and you are unable to must fill out the Application to Have the		
					ioob) and me n	i with your petition.		
9. Have you filed for bankruptcy within the	☑ No					t with your pention.		
9. Have you filed for bankruptcy within the last 8 years?		District _		When				
bankruptcy within the				When	MM / DD / YYYY	Case number		
bankruptcy within the		District _		When	MM / DD / YYYY	Case number		
bankruptcy within the				When	MM / DD / YYYY	Case number		
bankruptcy within the		District _		When	MM / DD / YYYY	Case number		
bankruptcy within the last 8 years? 10. Are any bankruptcy		District _		When	MM / DD / YYYY	Case number		
bankruptcy within the last 8 years? 10. Are any bankruptcy cases pending or being filed by a spouse who is	Yes.	District _		When When When	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	Case number Case number Case number		
bankruptcy within the last 8 years? 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an	Yes.	District District		When When When	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	Case number Case number Case number		
bankruptcy within the last 8 years? 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business	Yes.	District District Debtor District		When When	MM / DD / YYYY	Case number Case number Relationship to you Case number, if known		
bankruptcy within the last 8 years? 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an	Yes.	District Debtor District		When When	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	Case number Case number Case number Relationship to you Case number, if known		
bankruptcy within the last 8 years? 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an	Yes.	District Debtor District		When When When	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	Case number Case number Relationship to you Case number, if known		
bankruptcy within the last 8 years? 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.☐ No☐ Yes.	District Debtor District Debtor District		When When When	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	Case number Case number Case number Relationship to you Case number, if known		
bankruptcy within the last 8 years? 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes. ☐ Yes. ☐ No.	District Debtor District Debtor District Go to line	12. andlord obtained an evic	WhenWhenWhen	MM / DD / YYYY	Case number Case number Case number Relationship to you Case number, if known		
bankruptcy within the last 8 years? 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	Yes. No Yes.	District Debtor District Debtor District Go to line Has your I residence	12. andlord obtained an evic	WhenWhenWhen	MM / DD / YYYY	Case number Case number Case number Relationship to you Case number, if known Relationship to you Case number, if known		

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Debt	tor 1	Linda D First Name	Middle Na		Hart Lasi Name		Case	number (if known)		
				_						
Par	1 3:	Keport Abol	it Any	Busines	sses You Own as a	Sole Propr	ietor ——————			
•	Are you of any f busines	ı a sole prop full- or part- ss?	prietor time	·	. Go to Part 4. s. Name and location of	husingss				
A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as		as an		Name of business, if any						
8	corpora	ition, partners	hip, or		Number Street					
S S	ole prop eparate	e more than or rietorship, use sheet and atta	a							
tt	o this pe	ution.			City			State	ZIP Code	
					Check the appropriate	box to desc	ribe your business:			
					Health Care Busin					
					Single Asset Real					
					Stockbroker (as de					
					Commodity Broker	(as defined	in 11 U.S.C. § 101	(6))		
					✓ None of the above					
C B aı	hapter ankrup	filing under 11 of the tcy Code ar a s <i>mall busi</i>	nd	most rea	re filing under Chapter : appropriate deadlines. I cent balance sheet, stat nese documents do not I am not filing under Ch	ement of ope exist, follow	e triat you are a sm	all business	debtor, you	
		ition of small lebtor, see								
11	U.S.C.	§ 101(51D).		□ 140.	I am filing under Chapt the Bankruptcy Code.	er 11, but I a	m NOT a small bus	siness debtor	according t	o the definition in
				Yes.	Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.					
D			_							
Part :	4 Re	port if You	Own o	Have A	Any Hazardous Pro	erty or An	y Property Tha	t Needs Im	mediate /	Attention
14. Do	you o	wn or have :	any	☑ No						
pro all	operty t eged to	that poses of pose a three	or is		What is the hazard?					
of ide pu	immine entifiab blic he:	ent and le hazard to alth or safet own any			-					
pro imi	perty t mediate	hat needs attention?			If immediate attention	s needed, wi	ny is it needed?			
pen that	ishable g must be	e, do you own goods, or lives e fed, or a buil grgent repairs:	dina							
					Where is the property?			•		
					. •	Number	Street			
						City				
						Jily			State	ZIP Code

Debtor 1

Linda D		Hart	Cose number ///
First Name	Middle Name	Last Name	Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

L	I am not required to receive a briefing about
	credit counseling because of:

I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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De	ebtor 1 Linda D First Name Middle N	Hart Last Name	Case number (# k	nown)			
P	art 6: Answer These Qu	estions for Reporting Purp	oses				
16	s. What kind of debts do you have?	No. Go to line 16b.	marily consumer debts? Consumer de ridual primarily for a personal, family, or hou	bts are defined in 11 U.S.C. § 101(8) usehold purpose."			
		Yes. Go to line 17.					
		16b. Are your debts prin money for a business o No. Go to line 16c. Yes. Go to line 17.	narily business debts? Business debts or investment or through the operation of the	s are debts that you incurred to obtain e business or investment.			
		16c. State the type of debts	you owe that are not consumer debts or bu	siness debts.			
17.	. Are you filing under Chapter 7?	No. I am not filing under	Chapter 7. Go to line 18.	referred to the second section of the section of the second section of the section of the second section of the			
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	No No	apter 7. Do you estimate that after any exe nses are paid that funds will be available to	mpt property is excluded and distribute to unsecured creditors?			
18.	How many creditors do	1-49	1,000-5,000	D 05 004 50 000			
	you estimate that you owe?	50-99 100-199	5,001-10,000 10,001-25,000	25,001-50,000 50,001-100,000			
	Sometime to have the same as the control of the same and the same as a second	1 200-999	10,001-25,000	☐ More than 100,000			
19.	How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$5500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	□ \$500,000,001-\$1 billion □ \$1,000,000,001-\$10 billion □ \$10,000,000,001-\$50 billion □ More than \$50 billion			
	How much do you estimate your liabilities to be?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion			
Pai	rt 7: Sign Below	\$500,001-\$1 million	\$100,000,001-\$500 million	☐ \$10,000,000,001-\$50 billion☐ More than \$50 billion			
	r you	I have examined this petition, correct.	and I declare under penalty of perjury that	the information provided is true and			
		If I have chosen to file under Cof title 11, United States Code under Chapter 7.	Chapter 7, I am aware that I may proceed, i b. I understand the relief available under ea	f eligible, under Chapter 7, 11,12, or 13 ch chapter, and I choose to proceed			
		If no attorney represents me a this document, I have obtained	and I did not pay or agree to pay someone of and read the notice required by 11 U.S.C	who is not an attorney to help me fill out . § 342(b).			
			with the chapter of title 11, United States C				
		I understand making a false st with a bankruptcy case can re- 18 U.S.C. §§ 152, 1341, 1519,	ratement, concealing property, or obtaining sult in fines up to \$250,000, or imprisonme, and 3571.	money or property by fraud in connection nt for up to 20 years, or both.			
		Sunde Who	oderol x				
		Signature of Debtor 1	Signature	of Debtor 2			
		Executed on 03 20	Executed	on			

Debtor 1	Linda D First Name Mids	dle Name	Hart Last Name	. Case nun	nber (if known)			
	riist Name - Wild	ule Name	Last Name					
For you if you are filing this bankruptcy without an attorney If you are represented by an attorney, you do not need to file this page.			should understand that mar	ny people find it extreme cause bankruptcy has	s long-term financial and legal			
			technical, and a mistake or inac dismissed because you did not hearing, or cooperate with the c	r bankruptcy case. The rules are very s. For example, your case may be pay a fee on time, attend a meeting or rustee, bankruptcy administrator, or audit u could lose your right to file another of the automatic stay.				
			court. Even if you plan to pay a in your schedules. If you do not property or properly claim it as a also deny you a discharge of all case, such as destroying or hidi	particular debt outside of list a debt, the debt may re exempt, you may not be a your debts if you do som- ng property, falsifying rec- letermine if debtors have	s that you are required to file with the your bankruptcy, you must list that debt not be discharged. If you do not list able to keep the property. The judge can ething dishonest in your bankruptcy ords, or lying. Individual bankruptcy been accurate, truthful, and complete.			
			If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.					
			Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?					
			☐ No ✓Yes					
			Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned? No Ves Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms? No					
			Yes. Name of Person	n Preparer's Notice, Declar	ration, and Signature (Official Form 119).			
		×	By signing here, I acknowledge to have read and understood this no attorney may cause me to lose not be a working to be a work	otice, and I am aware tha	s involved in filing without an attorney. I at filing a bankruptcy case without an o not properly handle the case.			
		(Signature of Debtor 1		Signature of Debtor 2			
			Date 03 20 / 9 MM / DD / YYYY	'0-2981 .	Date MM / DD / YYYY			

Email address

Cell phone

Email address ___

Cell phone

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B 201B (Form 201B) (12/09)

UNITED STATES BANKRUPTCY COURT

	District Of	From States	
In re_Hart, Linda	Case No.	2019 MAR 20 AM 10: 5	
Debtor	Chapter7	U.S. SANKRUPTCY CO.J DISTRICT OF MARYLAI GREENBELT	
CERTIFICATION OF NOT UNDER § 342(b) OF T	ICE TO CONSUMER DEB THE BANKRUPTCY COD	ETOR(S) E	
Certification of [Non-Attornation of Industrial I, the [non-attorney] bankruptcy petition preparer signing attached notice, as required by § 342(b) of the Bankruptcy Code.	ney] Bankruptcy Petition Prepar g the debtor's petition, hereby certify	rer that I delivered to the debtor the	
Printed name and title, if any, of Bankruptcy Petition Preparer Address:	Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. 8 110.)		
X	by 11 U.S.C. § 110.)		
principal, responsible person, or partner whose Social	by 11 U.S.C. § 110.)		
orincipal, responsible person, or partner whose Social Security number is provided above. Certificati I (We), the debtor(s), affirm that I (we) have received and Code.	on of the Debtor d read the attached notice, as required	1 1	
Certificati I (We), the debtor(s), affirm that I (we) have received and	ion of the Debtor d read the attached notice, as required X Suck Nova	land 03-20-19	
Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above. Certification I (We), the debtor(s), affirm that I (we) have received and code. Code. Cincle Woodard Crinted Name(s) of Debtor(s) Case No. (if known)	on of the Debtor d read the attached notice, as required	1 1	

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

-	Hart iddie Name Last Name		
btor 2		2010 MAD	20 AM 10: 58
ited States Bankruptcy Court for the:	iddle Name Last Name MARVI AND	1	
se number	District of WELL LIVE	U.S. BANN	RUPTCY COMPOSITION OF MARKYLAND
known)		GRE	Check if this i
			amended filin
ficial Form 107_			
atement of Financia	al Affairs for Indi	viduals Filing for Bankrup	tcy
s complete and accurate as possible	e. If two married people are filia	an together both are equally	
and a page to fice aco, at	vacii a sevarate siieer in inis in	rm. On the top of any additional pages, write yo	pplying correct our name and case
ber (if known). Answer every question	on.	, and a managed, write yo	di name and case
Give Details About Your	Marital Status and Where	ou Lived Before	
Vhat is your current marital status?			
Married			
Not married			
During the last 3 years, have you live	ed anywhere other than where t	••	
		you live now?	
2 No			
2 No			
2 No			Dates Debter
No Yes. List all of the places you lived	in the last 3 years. Do not includ	e where you live now.	Dates Debtor lived there
No Yes. List all of the places you lived	in the last 3 years. Do not includ Dates Debtor 1	e where you live now. Debtor 2:	lived there
No Yes. List all of the places you lived	in the last 3 years. Do not includ Dates Debtor 1 lived there	e where you live now.	lived there
No Yes. List all of the places you lived	in the last 3 years. Do not includ Dates Debtor 1 lived there From	e where you live now. Debtor 2:	lived there
A No Yes. List all of the places you lived Debtor 1:	in the last 3 years. Do not includ Dates Debtor 1 lived there	e where you live now. Debtor 2: Same as Debtor 1	lived there Same as Det
No Yes. List all of the places you lived Debtor 1:	in the last 3 years. Do not includ Dates Debtor 1 lived there From	e where you live now. Debtor 2: Same as Debtor 1	lived there Same as Del From
No Yes. List all of the places you lived Debtor 1: Number Street	in the last 3 years. Do not includ Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1 Number Street	Same as Deb
No Yes. List all of the places you lived Debtor 1: Number Street	in the last 3 years. Do not includ Dates Debtor 1 lived there From To	Debtor 2: Same as Debtor 1 Number Street City State ZIP Code	lived there Same as Det From
No Yes. List all of the places you lived Debtor 1: Number Street	in the last 3 years. Do not includ Dates Debtor 1 lived there From To	Debtor 2: Same as Debtor 1 Number Street	lived there Same as Det From To
No Yes. List all of the places you lived Debtor 1: Number Street City State	in the last 3 years. Do not includ Dates Debtor 1 lived there From To	Debtor 2: Same as Debtor 1 Number Street City State ZIP Code	Iived there Same as Del From To Same as Deb
No Yes. List all of the places you lived Debtor 1: Number Street City State	in the last 3 years. Do not includ Dates Debtor 1 lived there From To ZIP Code	Debtor 2: Same as Debtor 1 Number Street City State ZIP Code	Iived there Same as Del From To Same as Deb
No Yes. List all of the places you lived Debtor 1: Number Street City State	in the last 3 years. Do not includ Dates Debtor 1 lived there From To ZIP Code From	Debtor 2: Same as Debtor 1 Number Street City State ZIP Code	Iived there Same as Det From To Same as Deb
No Yes. List all of the places you lived Debtor 1: Number Street City State Number Street	in the last 3 years. Do not includ Dates Debtor 1 lived there From To ZIP Code From To To	Debtor 2: Same as Debtor 1 Number Street City State ZIP Code	Iived there Same as Deb
No Yes. List all of the places you lived Debtor 1: Number Street City State Number Street	in the last 3 years. Do not includ Dates Debtor 1 lived there From To ZIP Code From	Debtor 2: Same as Debtor 1 Number Street City State ZIP Code	From Same as Deb
No Yes. List all of the places you lived Debtor 1: Number Street City State 2	in the last 3 years. Do not includ Dates Debtor 1 lived there From To ZIP Code From To ZIP Code	Debtor 2: Same as Debtor 1 Number Street City State ZIP Code Number Street	From Same as Deb
Number Street City State 2 City State 2	in the last 3 years. Do not includ Dates Debtor 1 lived there From To ZIP Code From To ZIP Code	Debtor 2: Same as Debtor 1 Number Street City State ZIP Code Number Street	From From To From To To
Number Street City State 2 City State 2	in the last 3 years. Do not includ Dates Debtor 1 lived there From To ZIP Code From To ZIP Code	Debtor 2: Same as Debtor 1 Number Street City State ZIP Code Number Street	Iived there Same as Det
Number Street City State 2 City State 2	in the last 3 years. Do not includ Dates Debtor 1 lived there From To ZIP Code From To ZIP Code Ve with a spouse or legal equivalifornia, Idaho, Louisiana, Nevado	e where you live now. Debtor 2: Same as Debtor 1 Number Street City State ZIP Code Number Street City State ZIP Code	From From To From To To

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ebtor 1	Linda D Ha First Name Middle Name	art	_ Case n	umber (if known)	
	r isi warne — miodre warne	Last Name		· · · · · · · · · · · · · · · · · · ·	
If you	ou have any income from emplo the total amount of income you re- are filing a joint case and you hav o es. Fill in the details.	ceived from all jobs and all bu	Isinesses, including part-t	time activities	endar years?
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross Income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
F ti	rom January 1 of current year u ne date you filed for bankruptcy:	wages, commissions bonuses, tips	s, \$_7410	Wages, commissions, bonuses, tips	\$ 0
	,	Operating a business	s	Operating a business	
F	or last calendar year:	Wages, commissions bonuses, tips	s, s 38532	Wages, commissions, bonuses, tips	¢ 0
(1	lanuary 1 to December 31, Yr 2018	Operating a business	Ф	Operating a business	\$
F	or the calendar year before that:	☐ Wages, commissions	·,	☐ Wages, commissions,	
(J	anuary 1 to December 31,	bonuses, tips Operating a business	\$	bonuses, tips Operating a business	\$_0
List ead	ng and lottery winnings. If you are the source and the gross income from	om each source separately. D	o not include income that	t you listed in line 4.	e under Debtor 1.
u res	s. Fill in the details.	Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of Income Describe below.	Gross income from each source (before deductions and exclusions)
Fr	om January 1 of current year un	til ————	\$ 0		\$_0
tne	e date you filed for bankruptcy:				Y
			\$		\$
Fo	r last calendar year:		\$_0		¢ a
(Ja	anuary 1 to December 31,		\$		\$ <u> </u>
	1117		\$		\$
Fo	r the calendar year before that:		\$ A		• •
(Ja	nuary 1 to December 31,		φ <u>υ</u> \$		\$ 0
	YYYY		Ψ		\$

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Debtor 1	Linda D First Name Middle		art Last Name		Case	number (if known)	
	•		-				
Part 3:	List Certain Pay	ments You	Made Befo	re You File	d for Bankruptcy		
6. Are eit	ther Debtor 1's or De	ebtor 2's del	ots primarily (oneumer det	ate?		
, 🗀 140	mounted by an ind	widuai piiiila	illy lot a perso	mai, iamily, or	nousenoia purpose."	are defined in 11 U.S.C. § 10	01(8) as
	During the 90 days	before you f	iled for bankru	ptcy, did you p	pay any creditor a total o	f \$6,425* or more?	
	No. Go to line 7	7.					
	totai amou	mt you paid t	nat creditor. D	o not include r	f \$6,425* or more in one payments for domestic s ments to an attorney for	or more payments and the upport obligations, such as	
	* Subject to adjustn	nent on 4/01	19 and every	3 years after th	nat for cases filed on or	after the date of adjustment.	
Ye:	s. Debtor 1 or Debto					•	
	During the 90 days	before you fi	led for bankru	ptcy, did you p	ay any creditor a total o	f \$600 or more?	
	No. Go to line 7						
	or cultor. D	o not monde	payments to	uomesuc sum	\$600 or more and the to port obligations, such as ey for this bankruptcy ca	otal amount you paid that child support and ise.	
				Dates of payment	Total amount paid	Amount you still owe	Was this payment for
	Creditor's Name			-	\$	\$	☐ Mortgage
	Creditor's Name						Car
	Number Street						☐ Credit card
							Loan repayment
							☐ Suppliers or vendors
	City	State	ZIP Code				☐ Other
	Creditor's Name				\$	\$	☐ Mortgage
							☐ Car
	Number Street						Credit card
							Loan repayment
	City						☐ Suppliers or vendors ☐ Other
	City	State	ZIP Code				Other
					_		
	Creditor's Name				\$	\$	☐ Mortgage
							Car
	Number Street						Credit card
		· · · · · · · · · · · · · · · · · · ·					Loan repayment
							Suppliers or vendors
	City	State	ZIP Code				Other

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otor 1	Linda D First Name Midd	Hart			Case number (if known)
	rirst Name Mildo	lle Name Last Name				
						and the second of the second o
corporagent, such a	ers include your relat rations of which you , including one for a as child support and o	are an officer, director, per business you operate as a alimony.	relatives of any son in control, o	general partners; or owner of 20% or	partnerships of which	who was an insider? th you are a general partner; securities; and any managing r domestic support obligations,
Ŭ Ye	es. List all payments	to an insider.	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
īr	nsider's Name			\$	_ \$	
 N	lumber Street					
c	City	State ZIP Code				
				\$	\$	
În	nsider's Name					
N	lumber Street					
-		· · · · · · · · · · · · · · · · · · ·				
Within an insi	e payments on debts	State ZIP Code illed for bankruptcy, did y guaranteed or cosigned by		ayments or trans	fer any property o	n account of a debt that benefi
		hat benefited an insider.				
			Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Ins	sider's Name	<u> </u>			Amount you still owe	
	sider's Name umber Street			pald	owe	
Nu	umber Street			pald	owe	
	umber Street	State ZIP Code		pald	owe	
Nu City	umber Street	State ZIP Code		pald	owe	
Nu City	umber Street	State ZIP Code		paid \$	\$	
Nu City	y ider's Name	State ZIP Code		paid \$	\$	

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1	Linda D First Name Middle	Hart Name Last Name		Case number (#	known)	
	_					
4:		Actions, Repossessio				
st al	n 1 year before you Il such matters, includ ontract disputes.	ling personal injury cases	ere you a party in any s, small claims actions,	lawsuit, court action, or a divorces, collection suits, p	dministrative proce aternity actions, sup	eeding? port or custody modifica
No Ye	o es. Fill in the details.					
		Natu	re of the case	Court or agency		Status of the case
c	Case title			Court Name		Pending
-				Number Street		On appeal Concluded
C	Case number					— Concluded
				City	State ZIP Code	
C	Case title			Court Name		Pending
_						On appeal
c	ase number			Number Street		Concluded
				City	State ZIP Code	
16	s. Fill in the informati	on delow.	Describe the prope	erty	Date	Value of the propert
	Creditor's Name		 -			\$
	Number Street		Explain what happe	ened		
				repossessed.		
			Property wasProperty was			
	City	State ZIP Code		attached, seized, or levied.		
			Describe the prope	пу	Date	Value of the propert
	Creditor's Name		_			\$
	Number Street		<u> </u>			
	Nambol Olicet		Explain what happe	ened		
			Property wasProperty was			
	City	State ZIP Code	Property was			
	-		Property was	attached, seized, or levied		

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1	First Name	Middle Name Last		Case number (if known)		
	rusi name	miodie name Last	t Name			
ithin 9	90 days before	e you filed for bankru	iptcy, did any creditor, including a cause you owed a debt?	a bank or financial institu	tion, set off any a	mounts from you
No	ra ou leidae ti	э таке а раушеш ре	cause you owed a debt?			
	Fill in the deta	aile				
	· m m die dea	and.				
			Describe the action the creditor to	ook	Date action	Amount
Credito	or's Name		_		was taken	
Numbe	er Street		_			\$
			_			
0.1			<u>-</u>			
City		State ZIP Code	Last 4 digits of account number:	XXXX		
ithi- 4	war before	on Sladfart .				
editors	year before y s_a_court_ann	ou filed for bankrupt	cy, was any of your property in the stodian, or another official?	ne possession of an assi	nee for the bene	fit of
No	o, a oour app	omica receiver, a cu	stocian, or another official?			
Yes						
5: L	ist Certain	Gifts and Contribu	itions			
No			tcy, did you give any gifts with a	total value of more than \$	600 per person?	
No Yes. I	Fill in the detai	you filed for bankrup ils for each gift. lue of more than \$600	tcy, did you give any gifts with a Describe the gifts	total value of more than \$	Dates you gave	Value
No Yes. I	Fill in the detai	ils for each gift.		total value of more than \$		Value
Yes. I	Fill in the detai s with a total va person	ils for each gift.		total value of more than \$	Dates you gave	Value \$
Yes. I	Fill in the detai	ils for each gift.		total value of more than \$	Dates you gave	
Yes. I	Fill in the detai s with a total va person	ils for each gift.		total value of more than \$	Dates you gave	
Yes. I	Fill in the detai s with a total va person	ils for each gift.		total value of more than \$	Dates you gave	\$
Yes. I Gifts per p	Fill in the detai s with a total va person	ils for each gift.		total value of more than \$	Dates you gave	\$
No Yes. I Gifts per p	Fill in the details with a total valuers on	ils for each gift.		total value of more than \$	Dates you gave	\$
Yes. I Gifts per p	Fill in the details with a total valuers on	ils for each gift.		total value of more than \$	Dates you gave	\$
No Yes. I Gifts per p Person Number	Fill in the details with a total valuers on	ils for each gift. lue of more than \$600 re the Gift State ZIP Code		total value of more than \$	Dates you gave	\$
No Yes. I Gifts per p Person Number	Fill in the details with a total valuers on to Whom You Gav	ils for each gift. lue of more than \$600 re the Gift State ZIP Code		total value of more than \$	Dates you gave	\$
No Yes. I Gifts per p Person City Person Gifts w	Fill in the details with a total valuers on Io Whom You Gave Io Street	ils for each gift. lue of more than \$600 re the Gift State ZIP Code		total value of more than \$	Dates you gave the gifts	\$ \$
No Yes. I Gifts per p Person Number City	Fill in the details with a total valuers on Io Whom You Gave Io Street	ils for each gift. Iue of more than \$600 The the Gift State ZIP Code	Describe the gifts	total value of more than \$	Dates you gave	\$
No Yes. I Gifts per p Person City Person Gifts w	Fill in the details with a total valuers on Io Whom You Gave Io Street	ils for each gift. Iue of more than \$600 The the Gift State ZIP Code	Describe the gifts	total value of more than \$	Dates you gave the gifts	\$ \$
No Yes. I Gifts per p Person City Person Gifts w per per	Fill in the details with a total valuers on Io Whom You Gave Io Street	sils for each gift. Iue of more than \$600 The the Gift State ZIP Code D you The of more than \$600	Describe the gifts	total value of more than \$	Dates you gave the gifts	\$ \$
No Yes. I Gifts per p Person City Person Gifts w per per	Fill in the details with a total value of Street Street 's relationship to with a total value of Street	sils for each gift. Iue of more than \$600 The the Gift State ZIP Code D you The of more than \$600	Describe the gifts	total value of more than \$	Dates you gave the gifts	\$ \$ Value
No Yes. I Gifts per p Person City Person Gifts w per per	Fill in the details with a total value of Street Street 's relationship to with a total value of Street	sils for each gift. Iue of more than \$600 The the Gift State ZIP Code D you The of more than \$600	Describe the gifts	total value of more than \$	Dates you gave the gifts	\$ \$ Value
No Yes. I Gifts per p Person City Person Gifts w per per	Fill in the details with a total value of Street Street 's relationship to with a total value of Street	sils for each gift. Iue of more than \$600 The the Gift State ZIP Code D you The of more than \$600	Describe the gifts	total value of more than \$	Dates you gave the gifts	\$
No Yes. I Gifts per p Person City Person Gifts w per per	Fill in the details with a total value of Street Street Street Street Whom You Gave Whom You Gave	sils for each gift. Iue of more than \$600 The the Gift State ZIP Code D you The of more than \$600	Describe the gifts	total value of more than \$	Dates you gave the gifts	\$
No Yes. I Gifts per p Person City Person Gifts w per per	Fill in the details with a total value of Street Street Street Street Whom You Gave Whom You Gave	sils for each gift. Iue of more than \$600 The the Gift State ZIP Code D you The of more than \$600	Describe the gifts	total value of more than \$	Dates you gave the gifts	\$
No Yes. I Gifts per p Person City Person Gifts w per per	Fill in the details with a total value of Street Street Street Street Whom You Gave Whom You Gave	sils for each gift. Iue of more than \$600 The the Gift State ZIP Code D you The of more than \$600	Describe the gifts	total value of more than \$	Dates you gave the gifts	\$

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otor 1	Linda D First Name Middle	Hart e Name Last	Name Case number (# known)		
4. Withi	in 2 vears before vou	ı filed for bankrun	etcy, did you give any gifts or contributions with a total val		
1/2 /		ар	val	ue of more than \$	6600 to any charity?
	es. Fill in the details fo	or each gift or cont	ribution		
		- Sudinginion come	indutori.		
	Gifts or contributions to that total more than \$60		Describe what you contributed	Date you contributed	Value
CI	harity's Name				\$
_		-			\$
Ni	umber Street				
Cit	ty State ZIP	Code			
rt 6:	List Certain Lo	sses			
D	es. Fill in the details. Describe the property you ow the loss occurred	ou lost and	Describe any Insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
					\$
ou oc	1 year before you fil onsulted about seeki	led for bankruptcy	iers y, did you or anyone else acting on your behalf pay or tran preparing a bankruptcy petition? arers, or credit counseling agencies for services required in yo		to anyone
No.	s. Fill in the details.				
Pe	erson Who Was Paid		Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Nu	imber Street				\$
Cit	y Sta	ate ZIP Code			\$
Em	nail or website address				
	rson Who Made the Payment	if Not Vo.			

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				Case number (# known)		
	First Name Midd	le Name Last	Name	Case number (if known)_		
			Description and value of any prope	rty transferred	Date payment or transfer was made	Amount of payment
	Person Who Was Paid					
	Number Street					\$
	Mulliber Succi					\$
	City	State ZIP Code				
	Email or website address		-			
	Person Who Made the Paym	nent, if Not You				
Don A	ot include any paymer	nt or transfer that ye	ors or to make payments to your o ou listed on line 16.	ioditors :		
			Description and value of any proper	ty transferred	Date payment or transfer was made	Amount of paym
	Person Who Was Paid					
						¢
	Number Street					Φ
	Number Street					\$
	City	State ZIP Code	hou did a a a a la da a			\$
Vithi rans nclud 00 nd	City in 2 years before you ferred in the ordinary de both outright transfe of include gifts and trans	filed for bankrup y course of your b ers and transfers m	tcy, did you sell, trade, or otherwis ousiness or financial affairs? ade as security (such as the granting e already listed on this statement.			
Vithi rans nclud 00 nd	City in 2 years before you ferred in the ordinary de both outright transfe of include gifts and tran	filed for bankrup y course of your b ers and transfers m	pusiness or financial affairs? ade as security (such as the granting		nortgage on your prop	
Vithi rans nclude nclude nclude N N	City in 2 years before you ferred in the ordinary de both outright transfe of include gifts and tran	filed for bankrup y course of your b ers and transfers m nsfers that you hav	nusiness or financial affairs? ade as security (such as the granting e already listed on this statement. Description and value of property	of a security interest or m Describe any property	nortgage on your prop	perty). Date transfer
Vithirans	City in 2 years before you ferred in the ordinary de both outright transfe ot include gifts and tran o es. Fill in the details.	filed for bankrup y course of your b ers and transfers m nsfers that you hav	nusiness or financial affairs? ade as security (such as the granting e already listed on this statement. Description and value of property	of a security interest or m Describe any property	nortgage on your prop	perty). Date transfer
Vithirans	City In 2 years before you ferred in the ordinary de both outright transfe ot include gifts and trans oes. Fill in the details. Person Who Received Transfe	filed for bankrup y course of your b ers and transfers m nsfers that you hav	nusiness or financial affairs? ade as security (such as the granting e already listed on this statement. Description and value of property	of a security interest or m Describe any property	nortgage on your prop	perty). Date transfer
Vithing and the second of the	in 2 years before you ferred in the ordinary de both outright transfect include gifts and transcent include gifts and transcent. Fill in the details. Person Who Received Transcent Street	filed for bankrups y course of your been and transfers mansfers that you have	nusiness or financial affairs? ade as security (such as the granting e already listed on this statement. Description and value of property	of a security interest or m Describe any property	nortgage on your prop	perty). Date transfer
Vithirans	City in 2 years before you ferred in the ordinary de both outright transfe ot include gifts and tran o es. Fill in the details. Person Who Received Transfe	filed for bankrups y course of your been and transfers mansfers that you have	nusiness or financial affairs? ade as security (such as the granting e already listed on this statement. Description and value of property	of a security interest or m Describe any property	nortgage on your prop	perty). Date transfer
Vithirans nelucional N Y F F	in 2 years before you ferred in the ordinary de both outright transfect include gifts and transcent include gifts and transcent. Fill in the details. Person Who Received Transcent Street	filed for bankrups y course of your been and transfers mansfers that you have er	nusiness or financial affairs? ade as security (such as the granting e already listed on this statement. Description and value of property	of a security interest or m Describe any property	nortgage on your prop	perty). Date transfer
Vithing rans on the rans of th	City In 2 years before you Iferred in the ordinary Ide both outright transfe It include gifts and transfe Oes. Fill in the details. Person Who Received Transfe Sumber Street City S Person's relationship to you	filed for bankrups y course of your been and transfers mansfers that you have er	nusiness or financial affairs? ade as security (such as the granting e already listed on this statement. Description and value of property	of a security interest or m Describe any property	nortgage on your prop	perty). Date transfer
Vithina rans	in 2 years before you ferred in the ordinary de both outright transfer to include gifts and transfer. Fill in the details. Person Who Received Transfer. Street Person's relationship to you be son Who Received Transfer.	filed for bankrups y course of your been and transfers mansfers that you have er	nusiness or financial affairs? ade as security (such as the granting e already listed on this statement. Description and value of property	of a security interest or m Describe any property	nortgage on your prop	perty). Date transfer

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ebtor 1	Linda D First Name	Hart Middle Name Last	Name	Case number (# kr	nown)	
are a	i beneficiary? (Th	ese are often called as	ptcy, did you transfer any prope sset-protection devices.)	rty to a self-settled tru	st or similar device of	which you
			Description and value of the prop	erty transferred		Date transfer was made
N	ame of trust		-			
art 8:		inancial Accounts	s, Instruments, Safe Deposit			
Include broke	ed, sold, moved, o de checking, savi erage houses, per o	or transferred? ngs, money market, nsion funds, coopera	cy, were any financial accounts or other financial accounts; cert atives, associations, and other file	ificates of deposit: sha		
i v	es. Fill in the deta	ils.	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Ā	lame of Financial Instit	ution	xxxx	☐ Checking		\$
-	lumber Street			☐ Savings ☐ Money market ☐ Brokerage		
ā	City	State ZIP Code		Other		
N	lame of Financial Institu	ution	XXXX	☐ Checking ☐ Savings	<u> </u>	\$
N	umber Street			☐ Money market ☐ Brokerage		
. Do yo	ity u now have, or di ities, cash, or oth	State ZIP Code d you have within 1 yer valuables?	rear before you filed for bankrup	Other	oox or other depository	<i>t</i> for
☑ No						
			Who else had access to it?	Describe the	contents	Do you still have it?
Na	ame of Financial Institu	tion	Name			☐ No ☐ Yes
Ni	umber Street		Number Street	-		
Cir	tu	State ZIP Code	City State ZIP Code			

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Debtor 1	Linda D First Name	Hart Middle Name Las	st Name	Cas	se number (if known)	
22. Have	you stored prop	erty in a storage unit	or place other than your home	e within 1 yea	r before you filed for bankruptcy?	
		4-11-				
	es. Fill in the de	talis.	Who else has or had access to	it?	Describe the contents	Do you still have it?
	Name of Storage Fac	ility	Name			☐ No ☐ Yes
	Number Street		Number Street			
			City State ZIP Code	····		
	City	State ZIP Code				
Part 9	identify P	roperty You Hold	or Control for Someone El	se		
23. Do y	ou hold or contr old in trust for so	ol any property that s	omeone else owns? Include a	ny property y	ou borrowed from, are storing for,	
<u>V</u>		meone.				
	Yes. Fill in the de	tails.				
			Where is the property?		Describe the property	Value
	Owner's Name					\$
	Number Street		Number Street			
						
	City	State ZIP Code	City State	ZIP Code		
Part 10	_					
			nental Information			
		10, the following defir				
naza	raous or toxic st	JDStances, wastes, or	e, or local statute or regulation material into the air, land, soing the cleanup of these substa	I. surface wat	pollution, contamination, releases of er, groundwater, or other medium, or material	f
■ Site	means any locati	on, facility, or proper			whether you now own, operate, or	
				azardous was	ste, hazardous substance, toxic	
subs	tance, hazardous	s material, pollutant, o	contaminant, or similar term.	dedicated was	ne, nazardous substance, toxic	
Report a	all notices, releas	es, and proceedings	that you know about, regardle	ss of when th	ey occurred.	
24. Has a	ıny governmenta	l unit notified you tha	t you may be liable or potentia	ılly liable unde	er or in violation of an environmental	law?
M N						
	es. Fill in the det	ails.				
			Governmental unit	Environm	ental law, if you know it	Date of notice
Na	ame of site		Governmental unit			
No	umber Street		Number Street			
			City State ZIP Code			
Cit	ty	State ZIP Code				

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A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A nombor of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership A norticer, director, or managing executive of a corporation A nowner of at least 5% of the voting or equity securities of a corporation A nowner of at least 5% of the voting or equity securities of a corporation A nowner of at least 5% of the voting or equity securities of a corporation A nowner of at least 5% of the voting or equity securities of a corporation A nowner of at least 5% of the voting or equity securities of a corporation A nowner of at least 5% of the voting or equity securities of a corporation A nowner of at least 5% of the voting or equity securities of a corporation A nowner of at least 5% of the voting or equity securities of a corporation A nowner of at least 5% of the voting or equity securities of a corporation A nowner of at least 5% of the voting or equity securities of a corporation A nowner of at least 5% of the voting or equity securities of a corporation A nowner of at least 5% of the voting or equity securities of a corporation A nowner of at least 5% of the voting or equity securities of a corporation Dates business Name Describe the nature of the business Employer Mentification number Do not include Social Security number or ITIN. EIN:	1	Linda D First Name N	Hart Hiddle Name Last	Namo	Case number (if known)	
Governmental unit Governmental unit Environmental law, if you know it Date of notic Governmental unit Fundamental law, if you know it Date of notic Governmental unit Fundamental law, if you know it Date of notic City State City State City State Court or agency Nature of the case Court or agency Nature of the case Court or agency Nature of the case Case title Court Name Court or agency Nature of the case Status of the case Status of the Court Name Court N		THE PROPERTY IN	nudre name . Lase	naure		
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Case title	ave y	you been a party	in any judicial or ad	ministrative proceeding under ar	v environmental law? Include settlemen	ts and orders
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Ithin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business Employer Identification number Do not Include Social Security number or ITIN. Business Name Dates business existed From To City				Number Street		Conclude
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A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time				ony State Life Cu	ue	
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				Hame of accountant of bookkeepe	Dates business existed	
City State ZIP Code			State 7ID Code		From To	

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	Linda D	Hart		Case number (if known)
	First Name Middle Nam	e Last Na	me	
			Describe the nature of the business	Employer Identification number
				Do not include Social Security number or ITIN.
•	Business Name			EIN.
-				EIN:
	Number Street		Name of accountant or bookkeeper	Dates business existed
_				
				<u>-</u>
ē	City State	E ZIP Code		From To
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ithii	n 2 years before you file	ed for bankrupte	cy, did you give a financial statement to	o anyone about your business? Include all financial
SUU	utions, creditors, or oth	er parties.		
N	0			
Υe	es. Fill in the details bel	ow.		
			Data Isawa d	
			Date Issued	
-	Name			
•	vanio		MM / DD / YYYY	
_				
N	Number Street			
7	City State	ZIP Code		
Ĭ	My State	ZIF COU		
	I			
12:	Sign Below			
hav	e read the answers on t	this Statement of	of Financial Affairs and any attachment	ts, and I declare under penalty of perjury that the
1124	nnection with a bankru	nterstand Dtcv case can n	that making a faise statement, conceal esult in fines up to \$250,000, or impriso	ling property, or obtaining money or property by fraud
,	.S.C. §§ 152, 1341, 1519	, and 3571.		omicine to up to 20 years, or both.
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Day of the state o	gnature of Debtor 1 ate ou attach additional pag ves ou pay or agree to pay s	ges to <i>Your Sta</i>	Datetement of Financial Affairs for Individu	nkruptcy forms?
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Debtor 1	Linda	D	Hart
-	First Name	Middle Name	Last Name
Debtor 2			
Spouse, if filing)	First Name	Middle Name	Last Name
nited States I	Bankruptcy Court for the:	Distric	t of MARYLAND
ase number			
	(If known)		····

2019 MAR 20 AM IC: 56

U.S. BANKRUPTOY COUTT
DISTRICT OF MARYLAND
GREEN SI Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are information. Fill out all of your schedules first; then complete the information your original forms, you must fill out a new <i>Summary</i> and check the	formation on this form. If you are filing amended	supplying correct schedules after you file
Part 1: Summarize Your Assets		
Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B		Your assets Value of what you own \$_0
1b. Copy line 62, Total personal property, from Schedule A/B		\$_7750
1c. Copy line 63, Total of all property on Schedule A/B		\$_7750
Part 2: Summarize Your Liabilities		
2. Schedule D: Creditors Who Have Claims Secured by Property (Officia 2a. Copy the total you listed in Column A, Amount of claim, at the bottom.)	om of the last page of Part 1 of Schedule D	Your liabilities Amount you owe \$_0
 Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 1 3a. Copy the total claims from Part 1 (priority unsecured claims) from I 		\$_0
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from	om line 6j of Schedule E/F	+ \$ _26730
	Your total liabilities	\$ <u>26730</u>
Part 3: Summarize Your Income and Expenses	,	
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I		\$1936
Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J		\$

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Debtor 1	Linda D First Name	Hart Middle Name Last Name	Ca	ase number (if known)	
Part 4:	Answer The	se Questions for Administrativ	re and Statistical Records	3	
_		truptcy under Chapters 7, 11, or 13		orm to the court with your of	ther schedules.
G⊿ Y fa	our debts are not	marily consumer debts. Consumer purpose." 11 U.S.C. § 101(8). Fill on primarily consumer debts. You hat with your other schedules.	at lines 8-9g for statistical purpo	ses. 28 U.S.C. § 159.	
8. Fron Form	n the <i>Statement of</i> 1 122A-1 Line 11; C	F Your Current Monthly Income : Co PR, Form 122B Line 11; OR , Form 12	py your total current monthly in 2C-1 Line 14.	come from Official	\$_2964
9. Copy	the following spe	ecial categories of claims from Par	t 4, line 6 of <i>Schedule E/F</i> :	Total claim	
Fro	m Part 4 on Sche	dule E/F, copy the following:			
9a. D	omestic support ob	ligations (Copy line 6a.)		\$0	_
9b. Ta	axes and certain ot	her debts you owe the government. (Copy line 6b.)	\$ <u>0</u>	_
9c. CI	aims for death or p	ersonal injury while you were intoxic	ated. (Copy line 6c.)	\$0	-
9d. St	tudent loans. (Copy	line 6f.)		\$0	_
9e. Oi pr	bligations arising of iority claims. (Copy	ut of a separation agreement or divor line 6g.)	ce that you did not report as	\$ <u> </u>	-
9f. De	ebts to pension or p	profit-sharing plans, and other similar	debts. (Copy line 6h.)	+ \$0	-
9g. T o	otal. Add lines 9a th	nrough 9f.		\$0	-

Fill in this i	information to identify ye	our case and th	is filing:			
Debtor 1	Linda	D	Hart			
Debior	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if fiting]) First Name	Middle Name	Last Name			
United States	Bankruptcy Court for the:	Distri	ct of MARYLAND			
			3.01			
Case number					[Check if this is an
					-	amended filing
Official	Form 106A/B					
	dule A/B: F	Properí	t v			
•						12/15
responsible write your	rhere you think it fits bes e for supplying correct i name and case number	it. Be as compl nformation, If n (if known), Ans	is. List an asset only once. If an asset only once. If an asset and accurate as possible. If two nore space is needed, attach a sepawer every question. Land, or Other Real Estate Yo	o married people rate sheet to this	are filing together, bo s form. On the top of a	th are equally
1. Do you o	wn or have any legal or	equitable intere	est in any residence, building, land,	or similar prope	rty?	
	o to Part 2.					
Yes. \	Where is the property?		380 - 4 1 - 41			
			What is the property? Check all the Single-family home		Do not deduct secured cla	aims or exemptions. Put
1.1.	not address if a wilet	·	- Duplex or multi-unit building		the amount of any secure Creditors Who Have Clair	ns Secured by Property.
Stre	eet address, if available, or ot	her description	☐ Condominium or cooperative		Current value of the	Current value of the
			Manufactured or mobile home		entire property?	portion you own?
			Land		\$	\$
			Investment property Timeshare		Denselles de sus d	-
City	St	ate ZIP Code	Timeshare Other		Describe the nature of interest (such as fee	simple, tenancy by
			Who has an interest in the prope		the entireties, or a life	e estate), if known.
			Debtor 1 only	erty? Check one.		
Cou	ıntv		Debtor 2 only			
	,		Debtor 1 and Debtor 2 only		Check if this is co	mmunity property
			At least one of the debtors and ar	nother	(see instructions)	
			Other information you wish to ac	dd about this iter	n, such as local	
If you own	or have more than one, li	ist horo:	property identification number:			
you own	To thave more than one, is	ot nere.	What is the property? Check all that	annh		
			Single-family home		Do not deduct secured cla the amount of any secured	ims or exemptions. Put
1.2	et address, if available, or oth	er description	Duplex or multi-unit building		Creditors Who Have Clain	ns Secured by Property.
Olio	ot address, ii available, of off	er description	Condominium or cooperative		Current value of the	Current value of the
			Manufactured or mobile home		entire property?	portion you own?
			Land	;	5	\$
			☐ Investment property ☐ Timeshare		Describe the nature o	f VOUE Ownership
City	Sta	ite ZIP Code	Other	i	nterest (such as fee s	simple, tenancy by
			Who has an interest in the propert	hv? Check one	the entireties, or a life	estate), if known.
			Debtor 1 only	y: Oleck One		
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Coul			Debtor 1 and Debtor 2 only	Г	Check if this is cor	nmunitu nyanasha
			At least one of the debtors and ano	ther	(see instructions)	mounty property
			Other information you wish to add	l ahout this item	•	
			property identification number:	. asour una item,	Such as local	

Official Form 106A/B

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Debtor '	Linda D First Name Middle Na	Hart me Last Name	Case number (#	known)	
1.3	Street address, if available, o	or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	the amount of any secur Creditors Who Have Cla	laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$
	City	State ZIP Code	☐ Investment property ☐ Timeshare ☐ Other ☐ Who has an interest in the property? Check one.	Describe the nature interest (such as fee the entireties, or a li	simple, tenancy by
	County		Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this ite property identification number:	Check if this is constructions) em, such as local	ommunity property
2. Add t	the dollar value of the por have attached for Part 1. \	tion you own for al Vrite that number h	l of your entries from Part 1, including any entries nere	s for pages	\$_0
Part 2: Do you (Describe Your Ve	or equitable interes	t in any vehicles, whether they are registered or i	not? Include any vehicle	S
you own	vans, trucks, tractors, sp	t you lease a vehicle	e, also report it on Schedule G: Executory Contracts a	and Unexpired Leases.	
3.1.	Make: Model: Year:		Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Current value of the	d claims on Schedule D: ns Secured by Property. Current value of the
	Approximate mileage: Other information:		☐ At least one of the debtors and another ☐ Check if this is community property (see instructions)	entire property?	portion you own?
lf you	own or have more than one	e, describe here:			
	Make: Model: Year: Approximate mileage:		Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Do not deduct secured cla the amount of any secured Creditors Who Have Claim Current value of the entire property?	claims on Schedule D
	Other information:		☐ Check if this is community property (see instructions)	\$	\$

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kimate mileage: information: iircraft, motor homes, ATV	instructions) Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct secured cla the amount of any secure Creditors Who Have Clair Current value of the	aims or exemptions. d claims on <i>Scheduk</i> ns <i>Secured by Prope</i> Current value of portion you ow
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information:	□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see	Current value of the	Current value of portion you ow
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nircraft, motor homes, ATV		\$	\$
ircraft, motor homes, ATV	instructions)		
	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	the amount of any secured	I claims on Schedule
and the second section in the second section of the second section secti	At least one of the debtors and another	entire property?	portion you own
	☐ Check if this is community property (see instructions)	\$	\$
have more than one, list here			
	· · · · · · · · · · · · · · · · · · ·	Do not deduct secured clai	ms or exemptions. P
		tne amount of any secured Creditors Who Have Claim	claims on Schedule s Secured by Proper
formation:	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	entire property?	Current value of portion you own
to add date to the property of the date of the property of the	At least one or the debtors and another	- ·	
All the second of the second o			
	nformation: have more than one, list her	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Thave more than one, list here: Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Current value of the entire property? Check if this is community property (see instructions) Check if this is community property (see Do not deduct secured claim the amount of any secured claim the amount of

Linda D

Debtor 1

Hart

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Debtor 1

Linda D

Hart Middle Name

Case number (if known)_

D	o you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Household goods and furnishings	•
	Examples: Major appliances, furniture, linens, china, kitchenware	
	No	
	Yes. Describe Bedroom Living And Kitchen Fur - 3228 Burton Ct	
	beuroom Living And Aitchen Fur - 3228 Burton Ct	\$ <u>4500</u>
7.	Electronics	
	Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
	□ No	
	Yes. Describe Laptop,tv , - 3228 Burton Ct	\$ 1000
		9
8.	Collectibles of value	
	Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No	
	Yes. Describe	**
	Tes. Describe	\$
Ω	Equipment for another and bakking	
9.	Equipment for sports and hobbies	
[Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
	VL No ☐ Yes. Describe	
į	Tes. Describe	\$
	. The second of	
10.	Firearms	
1	Examples: Pistols, rifles, shotguns, ammunition, and related equipment	
- 1	√O No	
ı	Yes. Describe	\$_
	The second of th	
11.	Clothes	
1	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	O No	
ļ	Yes. Describe Clothes Shoes - 3228 Burton Ct	\$ 1200
12.	Jewelry	
	Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
	1 No	
	Yes. Describe	: \$
		. Ψ
	Non-farm animals	
	Examples: Dogs, cats, birds, horses	
ŀ	<u>No</u> No	
ſ	Yes. Describe	•
		<u>a</u>
4.1	Any other personal and household items you did not already list, including any health aids you did not list	
	No	
į	Yes. Give specific	: · \$
	information	
5. /	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached	s 7300
1	for Part 3. Write that number here	\$

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Debtor 1

Li	nd	la	L

Hart

Case number (if known)_

Part	4

Describe Your Financial Assets

Do you own or have an	y legal or equitable interest in	any of the following?			Current value of the portion you own? Do not deduct secured claim or exemptions.
16. Cash Examples: Money you	u have in your wallet, in your hor	ne, in a safe deposit box, an	d on hand when you	file your petition	
₩ No					
Yes				Cash:	\$
17. Deposits of money Examples: Checking, and other	savings, or other financial accor similar institutions. If you have m	ints; certificates of deposit; sultiple accounts with the sar	shares in credit unions ne institution, list eacl	s, brokerage houses, n.	
Yes		Institution name:			
	17.1. Checking account:	Bank Account -	C		\$ 450
	17.2. Checking account:				\$
	17.3. Savings account:				\$
	17.4. Savings account:				¢
	17.5. Certificates of deposit:				ψ
	17.6. Other financial account;				Φ
	17.7. Other financial account:				5
	17.8. Other financial account:				5
	17.9. Other financial account:				\$
					\$
8. Bonds. mutual funds	or publicly traded stocks				
Examples: Bond funds,	investment accounts with broke	rage firms, money market a	ccounts		
☑ No ☐ Yes	landitudi — — ·				
165	Institution or issuer name:				
					\$
					\$
					\$
9. Non-publicly traded s	tock and interests in incorpor	ated and unincorporated b	usinesses, including	a an interest in	
an LLC, partnership, a	and joint venture				
Yes. Give specific	Name of entity:		9	6 of ownership:	
information about them					\$
					\$
				%	\$

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Debtor 1 Linda D Hart Case number (if known) 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. M No Yes. Give specific Issuer name: information about them..... 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans M No Yes. List each account separately. Type of account: Institution name: 401(k) or similar plan: Pension plan: IRA: Retirement account: Keogh: Additional account: Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others M No Yes..... Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water: Rented furniture: Other: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) Z No ☐ Yes..... Issuer name and description:

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Debtor 1	Linda D		Hart	Cana mimhar ir	
	First Name	Middle Name	Last Name	Case number (if known)	
24. Interest	ts in an educat	ion IRA, in an a	ccount in a qualified	ABLE program, or under a qualified state tuition progran	n
26 U.S.	C. §§ 530(b)(1)	, 529A(b), and 5	29(b)(1).	. o , as an a quanto control program	
No					
Yes		Institutio	n name and descripti	ion. Separately file the records of any interests.11 U.S.C. § 52	
		moulding	and descript	ion. Separately life the records of any interests.11 U.S.C. § 52	1(c):
					\$
					¢
					_ Ψ
					_ \$
25. Trusts .	equitable or fu	ture interecte i	nroporty (other the	on anything listed in the division of	
exercis	able for your b	enefit	property (other tha	n anything listed in line 1), and rights or powers	
V No					
	. Give specific				
infor	mation about th	em			
					a
6. Patents	, copyrights, tr	ademarks, trad	e secrets, and other	intellectual property	
Example	es: Internet dom	ain names, web	sites, proceeds from re	oyalties and licensing agreements	
VI No			•	, and another gagestinoms	
	Give specific			$(x_1, x_2, \dots, x_n, x_n, x_n, \dots, x_n, x_n, x_n, x_n, x_n, x_n, x_n, x_n$	
	mation about th	em			\$
				and the second s	<u> </u>
7. License:	s. franchises	and other gener	al intangibles		
Example	s: Building per	nits exclusive lic	ai ilitarigibles enses cooperative e	ssociation holdings, liquor licenses, professional licenses	
√ Z No	or a amaning point	mo, exelective ne	crises, cooperative as	ssociation holdings, liquor licenses, professional licenses	
				the same of the sa	
	Give specific mation about the				
inion	nation about the	em			\$
ā					***
Money or p	roperty owed t	o you?			Current value of the
					portion you own?
					Do not deduct secured claims or exemptions.
3. Tax refur	nds owed to yo	ы			olding of exemptions.
₩ No	u to yo	· 			
	Civo enacia- : 1	in			
; — ies. (Give specific int about them, incl	omadon Iuding whether		Federal:	\$
)	you already filed	the returns		State:	\$
á	and the tax year	rs	•		
				Local:	\$
. Family su					
⊏xamples	s: Past due or lu	mp sum alimony	, spousal support, chi	ild support, maintenance, divorce settlement, property settlem	ent
No No					
Yes. (Give specific inf	ormation			
				Alimony:	\$
				Maintenance:	\$
				Support:	\$
				Divorce settlement:	
					\$
				Property settlement:	\$
Other am	ounts someon	e owes you			
	Social Securit	, uisabiiity insura V benefits: unnai	nce payments, disabi I loans you made to s	ility benefits, sick pay, vacation pay, workers' compensation,	
☑ No		, sensino, unpai	a louris you made to s	someone eise	
	hio one-if- : r			and the second s	
res. G	ove specific info	ormation			
					2

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Debtor 1	Linda D	Ha	ırt	Coop number w	
	First Name	Middle Name	Last Name	Case number (if known)	
	in insurance				
Example	s: Health, disabi	ility, or life insuran	ce; health savings account (H	ISA); credit, homeowner's, or renter's insurance	
√ No					
T Yes.	Name the insura	ance company	Company		
		nd list its value	Company name:	Beneficiary:	Surrender or refund value:
					¢
					_ \$
					_ \$
32. Any inte	rest in property	that is due you f	rom someone who has die	4	
If you are	the beneficiary	of a living trust, ex	spect proceeds from a life ins	urance policy, or are currently entitled to receive	
property i	because someo	ne has died.	+ Fr	arance policy, or are currently entitled to receive	
√ No					
Yes.	Give specific info	ormation	entropies and activities and an experience of the second o	er en er en	e e e.
					
			the first of the first of the second second second	entrological de la company	
33. Claims a	gainst third pai	rties, whether or	not you have filed a lawsuit	or made a demand for payment	
Examples	: Accidents, em	ployment disputes	, insurance claims, or rights t	o sue	
☑ No					
	Describe each c	laim	to the transfer of the second of	entropy of the control of the contro	
,	SCOOMSC CACH C	idiiii			•
24 Other con		P			<u> </u>
to set off	itingent and un claims	iliquidated claims	of every nature, including	counterclaims of the debtor and rights	
√2 No					
	 		ere and the second of the seco	en de la seconda de la companya del companya de la companya de la companya del companya de la co	
res. L	Describe each cl	aım			
					\$
35. Anv finan	cial assets you	did not already l	iet		
₹ No	,				
-					
Yes. C	Sive specific info	rmation			
36 Add the d	ollar value of a	II of voir entries	Annua Paris A. Sir I. At		
for Part 4	Write that nun	il ol your entries	πom Part 4, including any	entries for pages you have attached	450
	THE GIAL HAN	110c1 11c1c	••••••	→	\$_430
_					
Part 5:	escribe An	v Rusinoss D	alated Dresents V		
	escribe An	y business-ki	elated Property You ()wn or Have an Interest in. List any i	real estate in Part 1.
37. Do vou ow	n or have any	legal or equitable	interest in any business-re		· · · · · · · · · · · · · · · · · · ·
No. Go	to Dort 6	ogui or equitable	interest in any pusiness-re	erated property?	
Yes. G	o to line 38.				
					Cumant value of the
					Current value of the portion you own?
					Do not deduct secured claims
					or exemptions.
38. Accounts	receivable or c	ommissions you	aiready earned		
√ No		-	-		
r==	escribe				1
, 🕳 Tes. Di					1
				en e	\$
39. Office equ	ipment, furnish	ings, and supplie	es		
Examples: B	usiness-related co	mputers, software, m	odems, printers, copiers, fax mad	chines, rugs, telephones, desks, chairs, electronic devices	
No No			C. C. Sterner C. Market on Company of the Company o		
☐ Yes. De	escribe		Commission of the commission o	Service and the service of the servi	
					\$
		** *	the second second second second second	the second control of	<i>:</i>

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Debtor 1	Linda D First Name Middle Na	Hart ame Last Name	Case number (# known)	
	The state of the s	Last Natile		
. Machinery	, fixtures, equipmer	nt, supplies you use in business, and	tools of your trade	
√ No	gareer and a second	en e		
Yes. De	escribe		: \$	3
		A second of the second second will be seen as a second		
Inventory No				
Yes. De	escribe			
		en e	.	
interests in	partnerships or joi	int ventures		
Z №				
	scribe Name of	entity:	% of ownership:	
			% \$	
			% \$_	
			% \$_	
ustomer li 1 _{No}	ists, mailing lists, o	r other compilations		
	vour lists include r	personally identifiable information (as	defined in 44 11 0 0 0 40 44 44	
	No	associatify identifiable information (as	delined in 11 U.S.C. § 101(41A))?	
	Yes. Describe			
			ş \$	<u> </u>
ny busines	ss-related property	you did not already list	the second of th	
Mo O Yes Giv	e specific	-		
informati				i
			\$	
			\$	
id the doll	ar value of all of yo	ur entries from Part 5, including any	entries for pages you have officed	0
: Part 5. W	rite that number he	эге	→ \$-	V
			<u> </u>	
6: Des	scribe Any Farm-	and Commercial Fishing Polets	d Property You Own or Have an interest in.	
If yo	ou own or have an i	nterest in farmland, list it in Part 1.	rroperty foll Own or Have an Interest in.	
VOII OWD	or have any legal o			
NO. GO TO	Part /.	r equitable interest in any farm- or co	mmercial fishing-related property?	
Yes. Go to	o line 47.			
			Cu	rrent value of the
			por	rtion you own?
rm animals	5			not deduct secured claim exemptions.
	estock, poultry, farm	-raised fish		
amples: Liv	octoon, podiay, laiiii	-idiscu iisii		
No		-idiseu listi		
		-raiseu (151)		

Official Form 106A/B

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	First Name	Middle Name	Last Name		Case number (# /		
rops—eit	her arowina	or harvested	1				
No	Jg		-				
	ve specific		and the second second second			ere e e e e e e e e e e e e e e e e e e	
informa	tion						•
rm and f	ichina cauin				eren eren eren eren eren eren eren eren	The second second second	<u> </u>
No	isning equip	ment, impien	nents, machinery, fi	xtures, and tools of	trade		
						The second second second second	
	:						
							\$
	shing suppli	ies, chemical	ls, and feed				
No							
Yes							
							\$
y farm- a	nd commerc	ial fishing-re		did not already list			
No				uncauy nat			
	e specific						
informat	ion						\$
d the do	lar value of:	all of vour en	tries from Dart 6 i-	ocludina any anti	for pages you have atta	-1	
Part 6. V	Vrite that nu	mber here		cuding any entries	for pages you have atta	eched	\$0
				***************************************		······································	
you hav	e other prop	erty of any ki	ind you did not alrea		in That You Did No	T LIST ADOVE	
you hav	e other prop		ind you did not alrea		in That You Dig No	A LIST ABOVE	
you have amples: Sea	e other prope ason tickets, co	erty of any ki	ind you did not alrea			A LIST ADOVE	
you have imples: Sea No Yes. Giv	e other prope ason tickets, co e specific	erty of any ki	ind you did not alrea	ady list?		A LIST ABOVE	\$
you have imples: Sea No Yes. Giv	e other prope ason tickets, co	erty of any ki	ind you did not alrea	ady list?		A List Above	\$ \$
you have imples: Sea No Yes. Giv	e other prope ason tickets, co e specific	erty of any ki	ind you did not alrea	ady list?		A LIST ADOVE	\$ \$ \$
you hav mples: Se No Yes. Giv informati	e other proposes on tickets, consideration of the specific on	erty of any ki	ind you did not alred	ady list?			\$ \$ \$
you hav mples: Se No Yes. Giv informati	e other proposes on tickets, consideration of the specific on	erty of any ki	ind you did not alred	ady list?			\$ \$ \$
you hav mples: Se No Yes. Giv informati	e other proposes on tickets, consideration of the specific on	erty of any ki	ind you did not alred	ady list?			\$ \$ \$
you have mples: See No Yes. Give information the doll	e other proposes on tickets, consideration on	erty of any ki untry club mem	ind you did not alred abership ries from Part 7. Wr	ady list? rite that number her			\$ \$ \$
you have mples: See No Yes. Give information the doll	e other proposes on tickets, consideration on	erty of any ki untry club mem	ind you did not alred	ady list? rite that number her			\$ \$ \$
you have mples: See No Yes. Give information the doll	e other propersion tickets, consideration tickets, consideration are specific on a second are value of a set the Total	erty of any ki untry club mem ii of your ent	ind you did not alread abership ries from Part 7. Wr	ady list? rite that number her		>	\$ \$ \$
you have mples: See No Yes. Give information the doll : Lis	e other propersion tickets, consideration tickets, consideration are specific on a second are value of a set the Total	erty of any ki nuntry club mem il of your ent als of Eacl	ind you did not alread abership ries from Part 7. Wr	ady list? rite that number her	e	>	\$\$ \$\$
you have mples: See No Yes. Give information the doll : Lis 1: Total 2: Total	e other propersion tickets, consideration tickets, consideration are value of a set the Total real estate, lineary wehicles, lineary wehicles, lineary and the Total estate, lineary wehicles, lineary and the Total estate, lineary wehicles, lineary and the Total estate, lineary	erty of any ki untry club mem Il of your ent als of Eacl	ind you did not alread abership ries from Part 7. Wr	ady list? rite that number her	e	>	\$\$ \$\$
you have mples: See No Yes. Give information of the doll in the do	e other propersion tickets, consideration tickets, consideration are value of a set the Total real estate, lineary wehicles, lineary wehicles, lineary and the Total estate, lineary wehicles, lineary and the Total estate, lineary wehicles, lineary and the Total estate, lineary	erty of any ki untry club mem Il of your ent als of Eacl line 2	ind you did not alreadlesship ries from Part 7. Wr	ady list? rite that number her	e	>	\$\$ \$\$
you have mples: See No Yes. Give information of the doll in the do	e other propersion tickets, consideration tickets, consideration are value of a set the Total real estate, line personal and financial assistances.	erty of any king of the second	ind you did not alread abership ries from Part 7. Wr h Part of this Fo	s 7300	e	>	\$\$ \$\$
you have mples: See No Yes. Give information of the doll in the do	e other propersion tickets, considered as specific on	erty of any king of the sets, line 36 atted property	ind you did not alread abership ries from Part 7. Wr h Part of this Foundation items, line 15	s s 7300 s 450 s 0	e	>	\$\$ \$\$
you have mples: See No Yes. Give information of the doll in the do	e other propersion tickets, considered as specific on	erty of any kind with the member of the memb	ind you did not alreadership ries from Part 7. Wr h Part of this Foundation in the property, line 52	s 7300 s 450 s 0	e	>	\$\$ \$\$
you have amples: Ser No Yes. Give information of the doll in the d	e other propersion tickets, considered as specific on	erty of any king of the sets, line 36 atted property	ind you did not alreadership ries from Part 7. Wr h Part of this Foundation in the property, line 52	s s 7300 s 450 s 0	e	>	\$\$ \$\$
you have imples: Ser No Yes. Give information of the doll in the d	e other propersion tickets, considering the specific on	erty of any kind in the second sets, line 36 ated property thing-related, ty not listed,	ind you did not alrest abership ries from Part 7. Wr h Part of this Form items, line 15 y, line 45 property, line 52 line 54	s 7300 \$ 450 \$ 0 + \$ 0	B	→	\$\$ \$\$
you have imples: Ser No Yes. Give information of the doll in the d	e other propersion tickets, considering the specific on	erty of any kind in the second sets, line 36 ated property thing-related, ty not listed,	ind you did not alreadership ries from Part 7. Wr h Part of this Foundation in the property, line 52	s 7300 \$ 450 \$ 0 + \$ 0	e	→	\$\$ \$\$
you have mples: See No Yes. Give information of the doll information of the do	e other properson tickets, conson tickets, con	erty of any kinuntry club mem Il of your ent als of Eacl line 2	ries from Part 7. Wr h Part of this Fo items, line 15 y, line 45 property, line 52 line 54 hrough 61	s 7300 \$ 450 \$ 0 + \$ 0 \$ 7750	B	property total →	\$\$ \$\$

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Attachment To Schedule B: Item 06 - Household goods

Description: Dish, Pot, Sheets, Towels , Sp - 3228 Burton Ct

Fill in this info	rmation to identify you	r case:			
		D	Hart		
Debtor 2	rst Name	Middle Name	Last Name		
(Spouse, if filing) Fire	rst Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the:	Di	istrict of MARYLAN	D	
Case number (If known)					Check if this is an amended filing
					ancided ming
Official Fo	rm 106C				
Schedu	le C: The	Prop	erty You	Claim as Exemp	o t 04/16
pace is needed,	y you listed on <i>Schedule</i> fill out and attach to this	A/B: Prope	erty (Official Form 106	ogether, both are equally responsible for SA/B) as your source, list the property tha Additional Page as necessary. On the to	at you claim as exempt. If more
our name and ca	ise number (if known).				•
or each item of	property you claim as	exempt, y	ou must specify the	amount of the exemption you claim. C	one way of doing so is to state a
pecnic donar an	nount as exempt. Altei	matively, y	ou may claim the fu	ll fair market value of the property bei	no exempted up to the amount
tirement funds	statutory limit. Some —may be unlimited in	exemption dollar amo	such as those fo	or health aids, rights to receive certain	benefits, and tax-exempt
mits the exempt	tion to a particular dol	ar amount	and the value of the	claim an exemption of 100% of fair me property is determined to exceed that	arket value under a law that
ould be limited	to the applicable statu	tory amou	int.	property is determined to exceed that	it amount, your exemption
Part 1: Iden	tify the Property Yo	ou Claim :	as Exempt		
				if your spouse is filing with you.	
You are c	laiming state and federa	ıl nonbankr	uptcy exemptions. 11	U.S.C. § 522(b)(3)	
☐ You are c	laiming federal exemption	ons. 11 U.S	S.C. § 522(b)(2)		
2. For any prop	erty you list on Sched	ule A/B tha	nt you claim as exem	pt, fill in the information below.	
Brief descrip	otion of the property and		Current value of the	Amount of the exemption you claim	Specific laws that allow exemption
Schedule A/	B that lists this property		portion you own		•
			Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief	Clothes Shoes				Courts & Jud. Proc.
description:			\$ 1200	□ \$	11-504(b)(4);
Line from				100% of fair market value, up to	
Schedule A/B	B:			any applicable statutory limit	
Brief	Bedroom Living An				
description:	Kitchen Fur		\$ <u>4500</u>	□ \$	Courts & Jud. Proc.
Line from				100% of fair market value, up to	11-504(b)(4);
Schedule A/B	:			any applicable statutory limit	
Brief	Laptop,tv ,				
description:			\$ <u>1000</u>	_ \$	Courts & Jud. Proc. 11-504(b)(4);
Line from				100% of fair market value, up to	11-30-4(b)(4);
Schedule A/B.				any applicable statutory limit	
. Are you claim	ning a homestead exen	aption of m	nore than \$160 3752		
(Subject to adj	ustment on 4/01/19 and	every 3 ve	ars after that for case	s filed on or after the date of adjustment.	,
☑ No		., ., .		ou on or ance the date of adjustment.	,
	ou acquire the property	covered by	the exemption within	1,215 days before you filed this case?	
□ No	alo property	~voicu by	are evenibriou mimily	1,213 days before you filed this case?	
☐ Yes					

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Debtor 1

inda D		Hart	
ef Name	Middle Name	1 N	

Case number (if known)	
------------------------	--

Part 2: Additional Page

Brief descript on Schedule	ion of the property and line A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description: Line from	Bank Account	\$ <u>450</u>	\$\$ 100% of fair market value, up to	Courts &jud. Proc. 11-504(b)(5),(f);
Schedule A/B:			any applicable statutory limit	
Brief description:	Dish, Pot, Sheets, Towels,	\$_ 600	<u> </u>	Courts & Jud. Proc. 11-504(b)(4);
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	_ \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$. 🛄 \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	□ \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	□ \$	
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	- \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	□ \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	□ \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	- \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	-	
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	
Brief description: -		\$	-	
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	

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Debtor 1 First Name Midd	le Name			
Debtor 2	lle Name Last Name			
(Spouse, if filing) First Name Midd	le Name Last Name			
United States Bankruptcy Court for the:	District of			
Case number				
(II KNOWII)				if this is ar
			ameno	led filing
Official Form 106D				
Schedule D: Credito	rs Who Have Claims Secur	ed by Pro	norty	40/45
	e. If two married people are filling together, both are e			12/15
Do any creditors have claims secured No. Check this box and submit this for Yes. Fill in all of the information below	by your property? orm to the court with your other schedules. You have noth	ing else to report on	this form.	
art 1: List All Secured Claims				
		Column A	Column B	0-1
List all secured claims. If a creditor has for each claim. If more than one creditor.	more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2.	Amount of claim	Value of collateral	Column C Unsecure
As much as possible, list the claims in alp	phabetical order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion
1	Describe the property that secures the claim:	-		If any
Creditor's Name	bestine the property that secures the claim:	5	_ \$	\$
Number Street	_			
Saeet.	As of the date you file, the claim is: Check all that apply.	J		
	Contingent			
City State ZIP Code	Unliquidated			
2000	☐ Disputed			
Who owes the debt? Check one. Debtor 1 only	Nature of lien. Check all that apply.			
Debtor 2 only	 An agreement you made (such as mortgage or secured car loan) 			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)			
community debt				
Date debt was incurred	Last 4 digits of account number	California Colonia (Alberta (A		
	Describe the property that secures the claim:	\$	\$\$	en in the entries of the control of
Creditor's Name				
Number Street				
Number Street	As of the date you file, the claim is: Check all that apply.			
Number Street	Contingent			
Number Street City State ZIP Code	Contingent Unliquidated			
City Slate ZIP Code	☐ Contingent☐ Unliquidated☐ Disputed☐			
City State ZIP Code Tho owes the debt? Check one.	☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply.			
City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only	☐ Contingent☐ Unliquidated☐ Disputed☐			
City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	 ☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as mortgage or secured car loan) ☐ Statutory lien (such as tax lien, mechanic's lien) 			
City State ZIP Code Tho owes the debt? Check one. Debtor 1 only Debtor 2 only	 ☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as mortgage or secured car loan) ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit 			
City State ZIP Code /ho owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	 ☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as mortgage or secured car loan) ☐ Statutory lien (such as tax lien, mechanic's lien) 			

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Fill	in this is	nformation to identif	fy your case:	<u>.</u>					
Deb	otor 1	Linda First Name	D Middle Name		Hart Last Name	_			
Deb	otor 2		madi, valle		Last reduce				
(Spo	use, if filing) First Name	Middle Name		Last Name				
Unit	ed States	Bankruptcy Court for the):Di	istrict of	MARYLAND				
	e number nown)								ck if this is an ended filing
Off	icial F	Form 106E/F							
Sc	hedi	ule E/F: Cr	_ editors \	Who	o Have Unse	cured Clair	ns		12/15
A/B: I	Property tors with ed, copy dditiona	party to any execut r (Official Form 106A i partially secured cl the Part you need, f I pages, write your r	ory contracts or VB) and on Sche laims that are lis fill it out, number name and case n	r unexpedule () sted in er the e numbe	•	sult in a claim. Also li nd Unexpired Leases (ho Have Claims Secu	st executory c Official Form 1	ontracts on S 06G). Do not	include any
rart	LI:	st All of Your PRIC	JRITY Unsecu	ured C	laims				
	No. Go	editors have priority to Part 2.	unsecured clain	ms aga	ainst you?				
_	Yes.								
no un	onpriority secured	amounts. As much as claims, fill out the Cor	s possible, list the ntinuation Page o	e claims of Part	r has more than one priority im has both priority and nor s in alphabetical order acco 1. If more than one creditor	npriority amounts, list the rding to the creditor's n holds a particular clain	at claim here a	nd show both	priority and
(1-1	от ап ехр	ланацоп от еасп туре	of claim, see the	e instrud	ctions for this form in the ins	struction booklet.)			
							Total claim	Priority amount	Nonpriority amount
2.1									4
P	Priority Credi	itor's Name		_ La	st 4 digits of account numb	er	\$. \$	_ \$
<u>.</u>	l	0		Wh	nen was the debt incurred?				
	lumber	Street							
_					of the date you file, the cla	im is: Check all that apply	' .		
c	City	State	e ZIP Code		Contingent				
٧	Vho incu	rred the debt? Check of	one.		Unliquidated				
	Debtor			ч	Disputed				
	Debtor			Typ	pe of PRIORITY unsecure	d claim:			
Ļ	Debtor	1 and Debtor 2 only			Domestic support obligations				
		one of the debtors and a			Taxes and certain other debts	VOLLOWS the government			
	☐ Check	if this claim is for a c	ommunity debt		Claims for death or personal in				
ls	the clain	m subject to offset?		_	intoxicated	jury write you were			
	⊉ No				Other. Specify				
	Yes	and the contract of the contra	rakar ni est an neuropaisa pratició e a procene conservada estados.		en verne stelle in den hellerstationers verkeligt in de verkelenders en sekte skriftet (, , ,				
.2									
Pr	riority Credit	or's Name			t 4 digits of account number		\$	\$	\$
Nu	umber	Street		- AA110	en was the debt incurred?				
				As e	of the date you file, the clai	m is: Check all that apply.			
					Contingent	,			
Cit	ty	State	ZIP Code		Unliquidated				
		red the debt? Check or	ne.		Disputed				
	Debtor 1	•		Tyr	a of DDIODITY	l eleim.			
	Debtor 2				e of PRIORITY unsecured Domestic support obligations	i ciaim:			
		and Debtor 2 only							
		one of the debtors and a			Taxes and certain other debts				
		f this claim is for a co	mmunity debt	i	Claims for death or personal in intoxicated				
	No	n subject to offset?			Other. Specify				
	Yes								

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Debtor 1

Linda D

Case number (if known)

Your PRIORITY Unsecured Claims — Continuation Page Part 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Total claim **Priority** Nonpriority amount amount Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent State ZIP Code ■ Unliquidated □ Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only □ Domestic support obligations Debtor 1 and Debtor 2 only ☐ Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were ☐ Check if this claim is for a community debt intoxicated Other. Specify Is the claim subject to offset? ☐ No ☐ Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent ☐ Unliquidated □ Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government ☐ At least one of the debtors and another Claims for death or personal injury while you were ☐ Check if this claim is for a community debt intoxicated Other, Specify Is the claim subject to offset? ☐ No ☐ Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent ZIP Code ☐ Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only ■ Domestic support obligations Debtor 1 and Debtor 2 only ■ Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were $f \Box$ Check if this claim is for a community debt intoxicated Other. Specify_ Is the claim subject to offset? ☐ No

☐ Yes

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Linda D Hart Debtor 1 Case number (if known)_ Part 2: List All of Your NONPRIORITY Unsecured Claims

		_
3.	Do any creditors have nonpriority unsecured claims against yo	ou?
	No. You have nothing to report in this part. Submit this form to the	he court with your other schedules
	Yes	and source manyour outer soriculies.
_	District of the second of the	
4.	List all of your nonpriority unsecured claims in the alphabetical	order of the creditor who holds each claim. If a creditor has more than one
	TO PROVING CONSCIONAL COMMENTAL INSTRUMENTAL COMMENTS OF THE PROPERTY OF THE P	m For each claim listed identify what time at all the bull in the contract of
	claims fill out the Continuation Page of Part 2.	. list the other creditors in Part 3.If you have more than three nonpriority unsecured
	and the solution of the last of the last 2.	
		Total claim
4.1	Aargon Collection	i Otal Claim
	Nonpriority Creditor's Name	Last 4 digits of account number5015
	8668 Spring Mountain Rd.	When was the debt incurred? 2018
	Number Street	When was the debt incurred? 2018
	Las Vegas NV 89117	
		- An affiliation of the state o
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.
		☐ Contingent
	Who incurred the debt? Check one.	☐ Unliquidated
	Debtor 1 only	Disputed
	Debtor 2 only	, -
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:
	At least one of the debtors and another	
		Student loans
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce
	Is the claim subject to offset?	that you did not report as priority claims
	Ā Nº	Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collections
	Yes	Conections Conections
	kalandara sa na 18. maganta sa na anana na magantana ya 18. manaka na 18. mangantan kananangan ang mananang Ma	
.2	Capital One	Last 4 digits of account number 8024 \$ 523
	Nonpriority Creditor's Name	
		When was the debt incurred? 2015
	Po Box 30253 Number Street	•
		As of the date you file, the claim is: Check all that apply.
	Salt Lake City UT 84130 City State ZIP Code	. Check all that apply.
		Contingent
	Who incurred the debt? Check one.	Unliquidated
	Debtor 1 only	☐ Disputed
	Debtor 2 only	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:
	At least one of the debtors and another	☐ Student loans
		Obligations arising out of a separation agreement or divorce
	☐ Check if this claim is for a community debt	that you did not report as priority claims
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts
	☑ No	Other. Specify Cc
	☐ Yes	
	mining and the second second and the second second and the second	for a more depositive contract to the contract of the contract
	Capital One	Last 4 digits of account number
	Nonpriority Creditor's Name	<u> </u>
	Po Box 30253	When was the debt incurred? 2015
	Number Street	
	Salt Lake City UT 84130	An afabradata estado es
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.
	Who incurred the debt? Check one.	Contingent
	Debtor 1 only	Unliquidated
	Debtor 2 only	Disputed
		·
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:
	At least one of the debtors and another	
	Check if this claim is for a community debt	Student loans
	<u>-</u>	Obligations arising out of a separation agreement or divorce
	Is the claim subject to offset?	that you did not report as priority claims
	☑ No	Debts to pension or profit-sharing plans, and other similar debts Other. Specify Cc
	□ Vec	— Outer, opecity Ce

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Debtor 1

Linda D

fielelle Nome

Hart Last Name

Case number (if known)_

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ган	4

er listing any entries on this page, number them beginning wi	•	Total
Comenity Capial Ny And Co	Last 4 digits of account number 8097	s 244
Nonpriority Creditor's Name Po Box 182120	When was the debt incurred? 2018	Ψ <u></u>
Number Street		
Columbus OH 43218	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	☐ Unliquidated	
Debtor 1 only	☐ Disputed	
Debtor 2 only		
Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	☐ Student loans	
	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims	
Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
☑ No	Other. Specify Cc	
Yes		
ATTACHER PROTECTION OF SECURITION OF SECURITION AND EXILED STRUMENTS OF SECURITION OF	THE SEPTEMBER OF THE THE THE PROPERTY OF THE P	AMERICAN STREET, ASSESSED, NO. 120-13
Comenity Bank Ann Taylor Nonpriority Creditor's Name	Last 4 digits of account number	\$ <u>350</u>
Po Box 182789	When was the debt incurred? 2014	
Number Street	An of the date was file at 1.1.1. as a second	
Columbus OH 43218	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	Unliquidated	
Debtor 1 only	☐ Disputed	
Debtor 2 only	T (NONESTATION	
Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profits baring plans, and other similar data.	
s the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify Cc	
Źi No	Curer. Specify CC	
Yes		
TOTAL IN THE THE CONTROL OF THE CONT	HISTORIAN PROPERTY (I) (A SEE ES BOOK). HE SEED AND AND AND AND AND AND AND AND AND AN	\$ 125 0
Comenity Bank Ny Ionpriority Creditor's Name	Last 4 digits of account number	·
Po Box 182789	When was the debt incurred? 2014	
Columbus OH 43218	As of the date you file, the claim is: Check all that apply.	
State ZIP Code	Contingent	
Vho incurred the debt? Check one.	Unliquidated	
Debtor 1 only	☐ Disputed	
Debtor 2 only	Time of MOMPHODIS	
Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	☐ Student loans	
	Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community debt	you did not report as priority claims	
s the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts Other. Specify Cc	
No	Guer. Specify CC	

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Debtor 1

Linda D

Hart

art

Case number (if known)

Total claim

26730

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total Claim
Total claims	6a. Domestic support obligations	6a. <u>\$0</u>
from Part 1	6b. Taxes and certain other debts you owe the government	6b. <u>\$</u> 0
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$</u> 0
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + _{\$_0}
	6e. Total. Add lines 6a through 6d.	6e. \$0
		Total claim
Total claims	6f. Student loans	6f. \$ 0
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$</u> 0
	 Other. Add all other nonpriority unsecured claims. Write that amount here. 	6i. + <u>\$</u> 26730

6j. Total. Add lines 6f through 6i.

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Debtor 1

Linda D

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Hart

Last Name

Case number (if known)___

Part 2:				
	•		•	9
	г	αr		

ter listing any entries on this page, number them beginning	g with 4.4, followed by 4.5, and so forth.	Total o
Credit One Bank	Last 4 digits of account number 4796	\$ 739
Nonpriority Creditor's Name	When was the debt incurred 2 2017	Ψ <u>/υ/</u>
6801 S Cimarron Rd	When was the debt incurred? 2017	
Number Street	As of the date year file the electric to O	
Las Vegas NV 89113	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	□ Contingent	
Miles in summed the distance of	☐ Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only	·	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another		
	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify Cc	
2 No	Other, Specify CC	
☐ Yes		
		in the American state of the Control
George Washington Univ	Last 4 digits of account number5015	_{\$} _382
Nonpriority Creditor's Name 900 23rd St Nw	When was the debt incurred?	
Number Street		
Washington DC 20037	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Miles income data data of a	☐ Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only	·	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		
At least one of the debtors and another	Student loans Obligations arising out of a senaration agreement or diverse that	
Check if this elains is for	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify <u>Medical</u>	
2 No	Other, Specify iviedical	
☐ Yes		
e en i Martin de Sant eur 1990 e en 1990 antare de paren eur en persona de la compansión de Autoria AVI de extractiones estas de	er som strukken struktenstik kan i til sjedssligt i til kar i malle en til kanset som til he sjår skrivate blas i hensi sjöldet i strukte strukte som til sjöldet i strukte som til sjöldet i strukte som til sjöldet i strukte som til sjöldet som til sjölde	erroranista
George Washington Univ	Last 4 digits of account number 2572	\$ <u>250</u>
Nonpriority Creditor's Name		
900 23rd St Nw	When was the debt incurred? 2018	
Number Street		
Washington DC 20037	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
	Unliquidated	
Who incurred the debt? Check one.	Disputed	
Debtor 1 only	□ Disputed	
Debtor 2 only	Type of MONDPIODITY	
Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
☐ Debtor Fand Debtor 2 only ☐ At least one of the debtors and another	☐ Student loans	
- Vrieger one of the deprois and another	Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community debt	you did not report as priority claims	
	Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?	Other. Specify_Medical	
∆ №		
☐ Yes		

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Debtor 1

Linda I

Hart Last Name

Case number (if known)___

Part	2:
------	----

r listing any entries on this page, number them beginning w	and the first of the second se	Total c
George Washington Univ Hospita	Last 4 digits of account number 2580	\$ 258
Nonpriority Creditor's Name 900 23rd St Nw	When was the debt incurred? 2018	T
Number Street	As of the date you file, the claim is: Check all that apply.	
Washington DC 20037 City State ZIP Code	<u> </u>	
y Glate ZIF Gode	☐ Contingent☐ Unliquidated	
Who incurred the debt? Check one.	Disputed	
Debtor 1 only	— Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify Medical	
☑ No ☑ Yes		
андын ашты тыкканын этэ согласын нашты коммат тай чаша кообычка, алын ас паматы коморокторы комицексия карын сүйг Lendmark	Last 4 digits of account number5080	s 10963
Nonpriority Creditor's Name	When was the debt incurred?	·
Po Box 2969 Number Street		
Covington GA 30015	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	Unliquidated	
Debtor 1 only	☐ Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		
At least one of the debtors and another	Student loans Obligations arising out of a senaration agreement or divorce that	
☐ Check if this claim is for a community debt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?	Other. Specify <u>Loan</u>	
Ó No ☑ Yes		
не постоямення эт эт проекторы, а постоям чиность не пристем событь или постоя достоя достоя постоя постоя в п Масуs	Last 4 digits of account number 2520	\$ <u>788</u>
onpriority Creditor's Name		
911 Duke Blvd	When was the debt incurred? 2014	
Mason OH 45040	As of the date you file, the claim is: Check all that apply.	
ity State ZIP Code	Contingent	
Vho incurred the debt? Check one	☐ Unliquidated	
Debtor 1 only	☐ Disputed	
Debtor 2 only	Time of NONDRIGOTTY	
Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?	Other. Specify Cc	
No Yes		

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Hart

Case number (if known)

Last Name

Debtor 1

Linda	I
Linda	1

r listing any entries on this page, number them beginning w	vitti 4.4, rollowed by 4.5, and so forth.	Total clai
Market Usa Federal Cu	Last 4 digits of account number	\$ 1394
Nonpriority Creditor's Name 8871 Gorman Rd St 100	When was the debt incurred? 2018	
Number Street	As of the date you file, the claim is: Check all that apply.	
Laurel MD 20723 City State ZIP Code	Contingent	
	Unliquidated	
Who incurred the debt? Check one.	Disputed	
Debtor 1 only	·	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify Cc	
₫ No	- Culor. Specify <u>- CC</u>	
☐ Yes		
Medical Data Systems	Last 4 digits of account number	**************************************
Nonpriority Creditor's Name	2018	
128 W Center Ave 2nd Floor	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
Sebring FL 33870 City State ZIP Code	☐ Contingent	
, Sate 211 3343	Unliquidated	
Who incurred the debt? Check one.	Disputed	
Debtor 1 only		
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims	
s the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
Ź No	Other. Specify Collections	
Yes		
SSE - CARACTER OF COME STATES - THE RESEARCH SEED OF THE CONTRACT THE STATES OF THE STATES OF THE CONTRACT OF	Last 4 digits of account number	APPENDENT OF MENTAL PLANT AND
Medical Data Systems Nonpriority Creditor's Name	Last 4 digits of account number	
128 W Center Ave 2nd Floor	When was the debt incurred? 2018	
Sebring FL 33870	As of the date you file, the claim is: Check all that apply.	•
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	Unliquidated	
Debtor 1 only	☐ Disputed	
Debtor 1 only Debtor 2 only	Time of NONDRIGHTY was a sund of the	
Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?	Other. Specify Medical	
ŹiNo ☑ Yes		

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Hart

Case number (# Known)

Debtor 1

Part 2	
Part 2	п

Merrick Bank Corp	Last 4 digits of account number 2061				
Nonpriority Creditor's Name		\$ <u>1492</u>			
Po Box 9201	When was the debt incurred? 2016				
Number Street	As of the date you file, the claim is: Check all that apply.				
Bethpage NY 11804					
City State ZIP Code Who incurred the debt? Check one.	☐ Contingent ☐ Unliquidated ☐ Disputed				
☑ Debtor 1 only ☑ Debtor 2 only	Time of NONDRIODITY are a sund at line.				
Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:				
At least one of the debtors and another	☐ Student loans				
	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 				
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts				
s the claim subject to offset?	Other. Specify Cc				
Mo ☑ Yes					
etteen, vaan, na tinninen en een een en en en en en een al ombetannet. Dat ei anteele werde energeen werd benod de ter	Last 4 digits of account number 7043	\$ 548			
Nordstrom Td Bank Nonpriority Creditor's Name		\$_ 540 _			
13531 E Caley Ave	When was the debt incurred?				
Number Street	As of the date you file, the claim is: Check all that apply.				
Englewood CO 80111 City State ZIP Code	Contingent				
	Unliquidated				
Who incurred the debt? Check one.	☐ Disputed				
Debtor 1 only	•				
Debtor 2 only	Type of NONPRIORITY unsecured claim:				
Debtor 1 and Debtor 2 only	☐ Student loans				
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that				
☐ Check if this claim is for a community debt	you did not report as priority claims				
s the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts				
↑ No ⊇ Yes	☑ Other. Specify <u>Cc</u>				
BETON MENNING LIGHT AND AND TO THE BANK TO A FEW REPORTS OF THE PART OF THE BANK THE CONTROL OF THE AND	Last 4 digits of account number	\$ <u>1761</u>			
One Main Ionpriority Creditor's Name					
100 International Dr 15th Fl	When was the debt incurred? 2015				
lumber Street	An of the date you file the st-t- to O				
Baltimore MD 21202	As of the date you file, the claim is: Check all that apply.				
City State ZIP Code	Contingent				
Who incurred the debt? Check one.	Unliquidated				
Debtor 1 only	☐ Disputed				
Debtor 2 only	Type of NONPRIORITY unsequent claims				
Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:				
At least one of the debtors and another	Student loans				
_	Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
☐ Check if this claim is for a community debt s the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts				
No Yes	Other. Specify Loan				

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Hart

Case number (# known)

Debtor 1

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United Consumer Financial Norprening Creditor's Name Norprening More 63304 Norprening Creditor's Name Norprening Creditor's Name Norprening Creditor's Name Norprening Creditor's Name Norprening More 63304 Norprening Creditor's Name Norprening Creditor's Name Norprening Creditor's Name Norprening Creditor's Name Norprening More 63304 Norprening Creditor's Name Norprening	er listing any entries on this page, number them beginnin	ig with 4.4, followed by 4.5, and so forth.	Total c
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New Hole Collection State Constituent	865 Bassette	When was the debt incurred? 2017	
Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 3 only Type of NONPRIORITY unsecured claim: Student loans St		As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Check one. Debtor 1 only		Contingent	
Disputed		•	
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Student loans Student loan	Debtor 1 only		
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Last 4 digits of account number	Is the claim subject to offset?		
Nonpronty Creditor's Name 865 Bassette Westlake OH 44145 City State ZIP Code Contingent Unliquidated Unli			
Nonpronty Creditor's Name 865 Bassette Westlake OH 44145 City State ZIP Code Contingent Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Yes Check if this claim is for a community debt State City State Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Unliquidated Disputed Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts As of the date you file, the claim is: Check all that apply. Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts or pension or profit-sharing plans, and other similar debts As of the date you file, the claim is: Check all that apply. State 4 digits of account number Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 priority claims Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts When was the debt incurred? Debtor 2 only Debtor 3 priority claims Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts	отневоенью подаження и до в постоя вынаменам общения в постоя в постоя на подажения в постоя на подажения в пос Постоя в подажения в постоя в постоя в постоя в подажения в постоя в подажения в подажения в постоя в подажения	Last 4 digits of account number 1532	e 2372
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Uni	ted States	Bankruptcy Cour	rt for the:	District o	of MARYLAND				
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State

ZIP Code

City

Debtor 1

Linda	D
Eiret Mama	

Middle Name

Hart

Cana aumahan	
Case number (if known)	



Additional Page if You Have More Contracts or Leases

Person or company with whom you have the contract or lease 2.6 Name Number Street City State ZIP Code 2.7 Name Number Street City ZIP Code State 2.8 Name Number Street City State ZIP Code 2.9 Name Number Street City State ZIP Code 2.10 Name Number Street City State ZIP Code 2.11 Name Number Street City State ZIP Code 2.12 Name Number Street City ZIP Code State 2.13 Name Number Street

State

ZIP Code

What the contract or lease is for

City

Fill in this information to	identify your ease.			
Debtor 1 Linda First Name	D Ha	Last Name		
Debtor 2 (Spouse, if filing) First Name				
	Middle Name	Last Name		
United States Bankruptcy Co	urt for the: District of MA	KYLAND		
Case number (If known)		_		
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and number the entries in case number (if known). A	the boxes on the left. Attach the	ing correct information. If it Additional Page to this pa	as complete and accurate as possible. If two marri more space is needed, copy the Additional Page, f ge. On the top of any Additional Pages, write your	788 14
☑ No	butors: (if you are ming a joint case	e, do not list either spouse a	s a codebtor.)	
☐ Yes				
2. Within the last 8 years	s, have you lived in a community	property state or territory	? (Community property states and territories include	
Arizona, California, Ida	ho, Louisiana, Nevada, New Mexic	o, Puerto Rico, Texas, Wasł	nington, and Wisconsin.)	
No. Go to line 3.	so former engine and the second			
☐ No	se, former spouse, or legal equival	ent live with you at the time?		
	ommunitu otata ar tamitam did	o		
103. III WIII031 0	ominantly state of territory did you	ive?	Fill in the name and current address of that person.	
Name of your spous	se, former spouse, or legal equivalent			
Number Str	eet			
 -				
City	State	ZIP Code		
Schedule D (Official F	as a codeptor only if that person	is a guarantor or cosigner	if your spouse is filing with you. List the person Make sure you have listed the creditor on G (Official Form 106G). Use Schedule D,	
Column 1: Your codel	btor		Column 2: The creditor to whom you owe the	e debt
			Check all schedules that apply:	
3.1			D Sahadula D III.	
Name			Schedule D, line	
Number Street			Schedule E/F, line	
City	Cinta			
3.2	State	ZIP Code		
Name			Schedule D, line	
			☐ Schedule E/F, line	
Number Street			☐ Schedule G, line	
City	State	ZIP Code		
.3			_	
Name			Schedule D, line	
Number Street			Schedule E/F, line	
			☐ Schedule G, line	
City	State	ZIP Code		

Official Form 106H

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Debtor 1

Linda	D

Har

Hart	
Last Name	

Case number (if known)_____

Column 1: Your codebtor			Column 2: The creditor to whom you owe the del
			Check all schedules that apply:
Name			Schedule D, line
			☐ Schedule E/F, line
Number Street			Schedule G, line
City	State	ZIP Code	
Name			Schedule D, line
			☐ Schedule E/F, line
Number Street			Schedule G, line
City	State	ZIP Code	<u> </u>
			Double by
Name			Schedule D, line
Number Street			Schedule E/F, line
Number Street			Schedule G, line
City	State	ZIP Code	
Name			Schedule D, line
			☐ Schedule E/F, line
Number Street			Schedule G, line
City	State	ZIP Code	
Name			Schedule D, line
varne			☐ Schedule E/F, line
Number Street			Schedule G, line
City	State	ZIP Code	<u> </u>
lame		,	Schedule D, line
			☐ Schedule E/F, line
lumber Street			Schedule G, line
Sity	State	ZIP Code	_
lame			_ Schedule D, line
			Schedule E/F, line
umber Street			Schedule G, line
ity	State	ZIP Code	
0000			_ Schedule D, line
ame			Schedule E/F, line
umber Street			Schedule G, line

Fill in this	information to identify	y your case:				
Debtor 1	Linda	D	Hart			
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing	g) First Name	Middle Name	Last Name			
United States	s Bankruptcy Court for the:	District of	ARYLAND			
Case numbe	r					book if this is.
(If known)			_		1	heck if this is: I An amended filing
						A supplement showing postpetition chapter 1
\cc_:_! _	400					income as of the following date:
	orm 106I	-				MM / DD / YYYY
Sche	dule I: You	ur Income				12/15
		e top of any additional p				nd Debtor 2), both are equally responsible for and with you, include information about your spous our spouse. If more space is needed, attach a wher (if known). Answer every question.
. Fill in you informati	ır employment on.		Debtor 1			Debtor 2 or non-filing spouse
	e more than one job, eparate page with					
informatio	n about additional	Employment status	Employed			Employed
employers			☐ Not emplo	oyed		Not employed
self-emplo	art-time, seasonal, or eyed work.					
	n may include student aker, if it applies.	Occupation	CASHIER			
		Employer's name	GIANT FOO	D_		
		Empleyed a data	PO BOX 5583	36		
		Employer's address	Number Stree	t		Number Street
						Number Street
			City	Sta	te ZIP Code	City State ZIP Code
		How long employed the	ere? <u>6</u>	_		
Part 2:	Give Details About	Monthly Income				
Estimate n	nonthly income as of	the date you file this for	m. If you have not	ning to	report for any	line, write \$0 in the space. Include your non-filing
If you or yo	ur non-filing spouse ha	ve more than one employ	er combine the inf			oyers for that person on the lines
below. If yo	u need more space, att	tach a separate sheet to the	his form.	au	ioi aii enipit	oyora for that person on the lines
					For Debto	or 1 For Debtor 2 or non-filing spouse
deductions	hiy gross wages, sala s). If not paid monthly, c	ry, and commissions (be calculate what the monthly	efore all payroll wage would be.	2.	\$ 2964	\$
. Estimate a	and list monthly overt	ime pay.		3.	+\$0	+ \$
. Calculate	gross income. Add line	e 2 + line 3.		4.	\$ <u>2964</u>	\$

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Debtor 1	Linda First Name	Middle Name Last Name		Case number	(if known)	
				For Debtor 1	For Debtor 2 or non-filing spouse	
Сору	line 4 here.		→ 4.	\$ <u>2964</u>		
5. List a l	ll payroll de	ductions:				
5a. 1	Tax, Medica	re, and Social Security deductions	5a.	\$ 566	e	
		ontributions for retirement plans	5b.		\$ \$	
		ontributions for retirement plans	5c.	\$ 144	\$	
		oayments of retirement fund loans	5d.	\$ 25	\$	
	nsurance		5e.	\$152	\$	
5f. C	Domestic su	pport obligations	5f.	\$0	_ \$	
5a. L	Jnion dues		5g.	\$ 52	_	
-		tions. Specify: LEGAL FEES AND POL	5g. 5h.		_ +	
		deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h		\$ 1028	+ \$ \$	
7. Calc	ulate total m	nonthly take-home pay. Subtract line 6 from line 4.	7.	\$ <u>1936</u>	\$	
8. List a	li other inco	me regularly received:				
8a. N		rom rental property and from operating a business,				
re	attach a state eceipts, ordin	ment for each property and business showing gross arry and necessary business expenses, and the total come	0	\$_0	\$	
	nterest and		8a. 8b.	s 0		
		ort payments that you, a non-filing spouse, or a depend		\$ 0		
re	egularly rec	eive				
Se	ettlement, an	ny, spousal support, child support, maintenance, divorce d property settlement.	8c.	\$ 0	\$	
		nt compensation	8d.	\$_0		
	ocial Securi	•	8e.	\$_0	<u> </u>	
In th N	clude cash a at you receiv	ment assistance that you regularly receive assistance and the value (if known) of any non-cash assistate, such as food stamps (benefits under the Supplemental tance Program) or housing subsidies.		\$ 0	œ.	
			8f.	Ψ	_ \$	
		tirement income	8g.	\$_0	\$	
		y income. Specify:	8h.	+\$0	_ +\$	
		eme. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_0	\$	
0. Calcula Add the	ate monthly e entries in li	income. Add line 7 + line 9. ne 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	<u>\$ 1936</u>	+ \$=	\$ <u>1936</u>
include	all other regar contribution or relatives.	ular contributions to the expenses that you list in Scheenses from an unmarried partner, members of your household,	<i>dule J.</i> your de	pendents, your ro	ommates, and other	
Do not	include any	amounts already included in lines 2-10 or amounts that are	not ava	ailable to pay expe	enses listed in Schedule J.	
Specify	r:				11. 🛨	\$_0
2. Add th Write th	e amount in nat amount o	the last column of line 10 to the amount in line 11. The n the Summary of Your Assets and Liabilities and Certain S	result i Statistic	is the combined mall Information, if it	onthly income	\$ <u>1936</u>
13. Do yo i	u expect an	increase or decrease within the year after you file this f	form?			Combined monthly income
	s. Explain:					
	-					

Fil	l in this i	nformation to identif	y your case:			
Do	btor 1	Linda	D Hart			
		First Name	Middle Name Last Name	Check if th	is is:	
	b tor 2 ouse, if filing) First Name	Middle Name Last Name	— ☐ An ame	ended filing	
Uni	ited States	Bankruptcy Court for the	:District of MARYLANI		lement showing pos	
	se number			expens	es as of the followin	g date:
					, 1171	
		orm 106J	_			
<u>Sc</u>	hec	lule J: Yo	ur Expenses			12/15
infor	mation.	ete and accurate as p if more space is need nswer every question	oossible. If two married people are fi ded, attach another sheet to this form n.	ling together, both are equally rom. On the top of any additional p	esponsible for supply pages, write your nam	ring correct se and case number
Par	1:	Describe Your Ho	usehold			
1. Is	this a joi	nt case?				
	_	to line 2. es Debtor 2 live in a	separate household?			
	V	No	le Official Form 106J-2, Expenses for	Separate Household of Debtor 2.		
2. Do		e dependents?	□ No	and the control of th	The second of th	
	not list D btor 2.	ebtor 1 and	Yes. Fill out this information for each dependent		Dependent's age	Does dependent live with you?
	not state mes.	the dependents'	,	SON	<u>17</u>	☐ No ☐ Yes
				SON	19	No
				DAUGHTER	14	Yes No
						Yes
						☑ No
						Yes
						₩ No
3. Do	your exp	enses include	75			res
exp	enses o	people other than your dependents?	☑ No ☐ Yes			
you			•			
Part 2			ng Monthly Expenses			
expen	ate your ises as o able date	t a date after the ban	bankruptcy filing date unless you a kruptcy is filed. If this is a suppleme	re using this form as a supplemental <i>Schedule J</i> , check the box	ent in a Chapter 13 cat the top of the form	ase to report and fill in the
			-cash government assistance if you	- t		
such a	assistan	e and have included	it on <i>Schedule I: Your Income</i> (Offi	i know the value of cial Form 106l.)	Your exper	Ises
4. Th	e rental d		expenses for your residence. Include	•	\$ 1200	
i f r	not inclu	ded in line 4:				
4a.	. Real e	state taxes			4a. \$ 0	
4b.	Proper	ty, homeowner's, or re	enter's insurance		4b. \$ 0	
4 c.	Home	maintenance, repair, a	and upkeep expenses		4c. \$ 0	
4d.	Homeo	wner's association or	condominium dues		4d	

Debtor 1

Linda D

Hart

Case number (if known)_____

			Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$ <u>0</u>
	Utilities:		
	6a. Electricity, heat, natural gas	6a.	§ 0
	6b. Water, sewer, garbage collection	6b.	\$ 0
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$ 125
	6d. Other. Specify: 0	6d.	\$ 0
7.		7.	\$ 450
8.	Childcare and children's education costs	8.	\$ <u>0</u>
9.	Clothing, laundry, and dry cleaning	9.	\$ 0
10.	Personal care products and services	10.	\$ 75
11.	Medical and dental expenses	11.	\$ 60
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$_100
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	_{\$} 50
14.	Charitable contributions and religious donations	14.	\$ 0
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	45-	\$_0
	15b. Health insurance	15a. 15b.	- 0
	15c. Vehicle insurance		
	15d. Other insurance. Specify:	15c. 15d.	\$ 0 \$ 0
		130.	\$ <u></u>
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$_ 0
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	\$ <u>0</u>
	17b. Car payments for Vehicle 2	17b.	\$ <u>0</u>
	17c. Other. Specify:	17c.	\$_0
	17d. Other. Specify:	17d.	\$ <u>0</u>
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$ 0
19.	Other payments you make to support others who do not live with you.		
	Specify:	19.	s 0
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income		Ψ
	20a. Mortgages on other property	20a.	\$ 0
	20b. Real estate taxes	20b.	\$ <u>0</u>
	20c. Property, homeowner's, or renter's insurance	20b. 20c.	\$ 0
	20d. Maintenance, repair, and upkeep expenses	20d.	\$ 0
	20e. Homeowner's association or condominium dues	20e.	\$_ 0

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Debtor 1	Linda D H First Name Middle Name	art Last Name	Case number (if known)	
21. Ot i	ner. Specify:		21.	+\$_0
22. Ca l	culate your monthly expenses.			
228	. Add lines 4 through 21.		22a .	\$_2060
22 b	. Copy line 22 (monthly expenses for	Debtor 2), if any, from Official Form 106J	-2 22b.	\$
220	. Add line 22a and 22b. The result is y	our monthly expenses.	22c .	\$
23. Calc	ulate your monthly net income.			
23a.	Copy line 12 (your combined month	ly income) from Schedule I.	23a.	\$ <u>1936</u>
23b.	Copy your monthly expenses from li	ne 22c above.	23b.	-\$ 2060
23c.	Subtract your monthly expenses from			
	The result is your monthly net incom	e.	23c.	\$ <u>-124</u>
24. Do y	ou expect an increase or decrease	in your expenses within the year after	you file this form?	

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

M No.

Yes.

Explain here:

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I in this information to ide				
	ntify your case:			
btor 1 Linda First Name	D Middle Name	Hart Last Name		
otor 2 Duse, if filing) First Name	Middle Name			
ted States Bankruptcy Court for		Last Name		
se number	uleDistri	CI OI MARKETENE (D		
known)				Check if this is amended filing
Official Form 106				
Declaration	About an	Individual	Debtor's Schedul	es 12/15
two married people are fil	ing together, both are	equally responsible for s	upplying correct information.	
Sign Palays				
No	pay someone who is	NOT an attorney to help y	ou fill out bankruptcy forms?	
Did you pay or agree to	pay someone who is	NOT an attorney to help y	ou fill out bankruptcy forms? Attach Bankruptcy Petition Preparer's Notice Signature (Official Form 119).	ce, Declaration, and
Did you pay or agree to No Yes. Name of person_			Attach <i>Bankruptcy Petition Preparer's Noti</i> Signature (Official Form 119).	ce, Declaration, and
Did you pay or agree to No Yes. Name of person_	, I declare that I have		Attach Bankruptcy Petition Preparer's Notic	ce, Declaration, and
Did you pay or agree to No Yes. Name of person Under penalty of perjury that they are true and co	, I declare that I have	read the summary and sc	Attach <i>Bankruptcy Petition Preparer's Notic</i> Signature (Official Form 119). hedules filed with this declaration and	ce, Declaration, and
Did you pay or agree to No Yes. Name of person Under penalty of perjury that they are true and co	, I declare that I have prect.	read the summary and sc	Attach <i>Bankruptcy Petition Preparer's Notic</i> Signature (Official Form 119). hedules filed with this declaration and	ce, Declaration, and
Did you pay or agree to No Yes. Name of person Under penalty of perjury that they are true and co	, I declare that I have prect.	read the summary and sc	Attach <i>Bankruptcy Petition Preparer's Notic</i> Signature (Official Form 119). hedules filed with this declaration and	ce, Declaration, and

United States Bankruptcy Court District Of MARYLAND

Arrest Character Character

2019 MAR 20 AM 10: 56

IN RE. Hart, Linda

Debtor(s).

Case No.

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of my/our knowledge and that it corresponds to the creditors listed in my/our schedules.

Date: 03-20-19

Debtor

Joint Debtor

Aargon Collection 8668 Spring Mountain Rd. Las Vegas NV 89117

Capital One Po Box 30253 Salt Lake City UT 84130

Capital One Po Box 30253 Salt Lake City UT 84130

Comenity Capial Ny And Co Po Box 182120 Columbus OH 43218

Comenity Bank Ann Taylor Po Box 182789 Columbus OH 43218

Comenity Bank Ny Po Box 182789 Columbus OH 43218

Credit One Bank 6801 S Cimarron Rd Las Vegas NV 89113

George Washington Univ 900 23rd St Nw Washington DC 20037 George Washington Univ 900 23rd St Nw Washington DC 20037

George Washington Univ Hospita 900 23rd St Nw Washington DC 20037

Lendmark
Po Box 2969
Covington GA 30015

Macys 911 Duke Blvd Mason OH 45040

Market Usa Federal Cu 8871 Gorman Rd St 100 Laurel MD 20723

Medical Data Systems 128 W Center Ave 2nd Floor Sebring FL 33870

Medical Data Systems 128 W Center Ave 2nd Floor Sebring FL 33870

Merrick Bank Corp Po Box 9201 Bethpage NY 11804 Nordstrom Td Bank 13531 E Caley Ave Englewood CO 80111

One Main 100 International Dr 15th Fl Baltimore MD 21202

United Consumer Financial 865 Bassette Westlake OH 44145

United Consumer Financial 865 Bassette Westlake OH 44145

Verizon 500 Technology Dr St 300 Weldon Spring MO 63304